

1000 General Provisions

1010 Purpose of Transitional Employment Assistance (TEA)

1000 General Provisions

2/1/06

1010 Purpose of Transitional Employment Assistance (TEA)

The purpose of the Transitional Employment Assistance (TEA) program is to help needy families become economically self-sufficient by providing opportunities to obtain and retain employment sufficient to sustain the family. Central to this purpose is helping adults and minor parents to reduce out-of-wedlock births, and promoting family unity. Employment improves the quality of life for parents and children by increasing family income and assets and by improving self-esteem.

It is the goal of the TEA program that all participants receive services that best prepare them for long-term self-sufficiency. Therefore, it is important that eligible families receive the supportive services, and, in some cases, education and training to enable them to make the transition from welfare to work. Through employability assessments, employment planning, and the provision of employment related services, the TEA program helps recipients recognize their employment possibilities. TEA recipients are also encouraged and allowed to participate in education and training activities as a component of their individual Employment Plan. Minor parents are encouraged and supported in completing a high school education or equivalency so that they are better prepared to enter the job market as adults. Since TEA benefits are time-limited, emphasis is placed on short-term goals so that the recipient enters employment before the end of his or her time limit.

In addition to case management and employment related services, the TEA program provides monthly cash assistance to eligible families to help meet the families' basic needs while the parent/s or other adult relative/s works toward increasing his/her earning potential.

TEA cash assistance is also available to help meet the needs of children who are being cared for by non-parent adult relatives. Assistance to such relatives may be provided without regard to a specified time limit.

TEA Diversion Assistance provides a one-time lump sum payment in lieu of other TEA services or assistance to help a family accept or retain employment.

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1020 Administration

1020 Administration

12/06/11

The Transitional Employment Assistance program is governed by federal law (Title IV-A of the Social Security Act), State law (Arkansas Act 1058 of 1997), and the state's Transitional Employment Assistance Program State Plan.

The program is jointly funded by the State and Federal governments. The federal funding source is the Temporary Assistance for Needy Families (TANF) block grant under Title IV-A of the Social Security Act. State general revenues also fund the program.

The Department of Human Services, Division of County Operations (DCO), is responsible for determining TEA eligibility. The Department of Workforce Services (DWS) is responsible for providing case management services.

An individualized approach to the delivery of TEA services is paramount to the program purpose of moving families to self-sufficiency in a short timeframe. To promote this approach, the program is administered with a high degree of flexibility provided to DWS Case Managers, the DHS county office, or front-line staff.

1030 Personnel

12/06/11

DWS and DCO are responsible for the provision of personnel in their areas of responsibilities, which include determining eligibility, authorizing payments, and providing case management services to eligible families.

DHS County Administrators and DWS Office Administrators will develop procedures within their individual offices, through training and supervision, whereby decision-making occurs at the lowest possible level.

1040 Volunteers

7/1/97

Volunteers are subject to the rules, regulations, and policies of the office where they are assigned. This includes the policies which govern the disclosure of information concerning DHS and its clients. The volunteer's supervisor in the DHS County Office is responsible for

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1050 Disclosure of Information

informing the volunteer of the disclosure policy for each program in which the volunteer works.

Volunteers may perform any duty in the DHS County Office as determined appropriate by the County Administrator. However, a paid DCO employee, as designated by the County Administrator, must review and approve any certification or benefit determination decisions recommended by a non-paid volunteer.

1050 Disclosure of Information

7/1/97

Information concerning an applicant, recipient, or other persons known to the agency will not be made available without the written consent of the client except to authorized employees of the Department of Human Services, the Office of Child Support Enforcement, the Social Security Administration, the federal Department of Health and Human Services, or for purposes directly connected with the following:

1. Any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of any program administered by the Department of Health and Human Services.
2. The administration of any other Federal or federally assisted program which provides assistance, in cash or in-kind, or services, directly to individuals on the basis of need.
3. The certification of receipt of TEA cash assistance to an employer for purposes of claiming the Work Opportunity Tax Credit.
4. Any audit or similar activity, e.g., review of expenditure reports or financial review, conducted in connection with the administration of any such program by any governmental entity which is authorized by law to conduct such audit or activity.

In addition, the current address of a recipient may be disclosed to a state or local law enforcement officer at his/her request without the recipient's consent provided the law officer provides the recipient's name and Social Security number and satisfactorily demonstrates that (1) the recipient is a fugitive felon, a probation or parole violator, or is fleeing prosecution for a felony offense, (2) the location or apprehension of such

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1060 Coordination with Other Programs

person is within the law officer's official duties, and (3) the request is made in the proper exercise of those duties. A felon is defined as a person who has been convicted of a crime which was termed a felony by the court which heard the case.

1060 Coordination with Other Programs

7/1/97

The County Administrators will establish procedures to insure coordination between the TEA and other programs administered by the County Office.

1070 Maintenance of Electronic Case Records

12/06/11

The maintenance of the Electronic Case Record is the responsibility of the DHS County Office staff. The electronic record will be maintained in ANSWER. The processing and review of TEA case actions will be conducted via ANSWER.

1080 Electronic Case Record Organization

12/06/11

All forms and supporting documents related to an individual or household will be filed in the individual's or household's electronic case record in ANSWER. Application forms and other forms and documents relating to a budget unit will be filed in the Budget Unit Notebook. Forms and documents relating to a specific individual will be filed in the Client Notebook.

The following electronic case record organization system will be followed for the TEA cash assistance case.

BUDGET UNIT NOTEBOOK:

Application Status

- Request for Assistance (DCO-215)

Budget Unit Composition

- Client Declaration Statement

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1080 Electronic Case Record Organization

- Diversion Assistance Agreement (DCO-182)
- TEA Document Deletion (Diversion and Reimbursement)
- TEA Warrant Cancellation
- Notice of Appointment (DCO-219)
- Request for Information (DCO-191)
- Collateral Statements
- All Manual Notices
- Change Report Forms (DCO-234)

CLIENT NOTEBOOK:

Profile

- Personal Responsibility Agreement (DCO-217)
- Assignment of Rights (DCO-237)
- Birth Certificates
- Social Security Card
- Social Security Enumeration
- Client ID
- Marriage License
- Divorce Decree
- Life Insurance Policies
- Deeds
- Acknowledge of Receipt of PUB 389 (DCO-188)

Income

- Earned and Unearned Income

Resources

- Household Resources

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1090 Disposition of Records

Parent

- Good Cause Claim (DCO-105)
- Good Cause Notice (DCO-90)

Immunization

- Immunization Verification

Sanction (Program Violations)

- IPV
- Drug Conviction
- Fugitive Felon
- Parole/Probation Violator

1090 Disposition of Records

12/06/11

TEA records will be purged when the case has been closed continuously for five years unless an audit is being conducted at that time or there is an outstanding overpayment claim. In this context, “case closure” refers to the closure of the case for purposes of TEA program services, including Extended Support Services (and therefore does not refer to “closure” of the cash assistance aspect of the case).

The five- year timeframe will apply to cases in which the adult’s lifetime maximum period to receive TEA benefits has been reached. This is to ensure case record information is available should an audit be conducted on the case during those five years following closure.

2000 TEA Application

2000 TEA Application

2000 TEA Application

01/01/22

DHS County Offices will accept and process applications for Transitional Employment Assistance (TEA).

A TEA application must be disposed of by either approval or denial as quickly as possible but no later than thirty (30) calendar days from the date the application was received by DHS, unless the eligibility worker determines that the applicant needs more time in order to establish their eligibility for services.

The TEA eligibility requirements are:

1. Personal Responsibility Agreement Requirement
2. Social Security Number (SSN) Enumeration
3. Minor Parent Requirements
4. Children's Age and Relationship to Parent or Adult Caretaker Requirement
5. Citizenship or Alienage Requirement
6. State Residence Requirement
7. Time Limit Requirement
8. Resource Requirement
9. Income Requirement
10. Work Participation Requirement
11. Child Support Requirement

Each requirement above is discussed in detail in the section of the manual that deals with that specific requirement.

Information, to establish whether a family meets the above requirements, is obtained from the application form and during the application interview.

2000 TEA Application

2003 Application

2002 Nondiscrimination

01/01/22

No person shall be prevented from participation, be denied benefits or be subject to discrimination on the basis of age, religion, disability, political affiliation, veteran status, sex, race, color, or national origin. The Department will comply with provisions of the Civil Rights Act of 1964.

The Department has the responsibility of informing applicants and recipients that assistance is provided on a nondiscriminatory basis and of their right to file a complaint with the agency or federal government if they think that discrimination has occurred on the basis of age, religion, disability, political affiliation, veteran status, sex, race, color, or national origin.

2003 Application

01/01/22

Requests for assistance will be made by completing an application form (DCO-0004, *Application for SNAP, Health Care, and TEA/RCA Benefits*) and submitting the application to the county office, or by completing an online application through the DHS Access Arkansas website <https://access.arkansas.gov/>. Application must be made by the parent or another adult caretaker relative of the child.

The application must be signed by the applicant under penalty of perjury. If both parents are in the home with the child, either may sign the application. The eligibility worker will assist with completing the form, if requested.

2000 TEA Application

2004 Application Interview

2004 Application Interview

01/01/22

Applications Submitted to DHS

An interview with the applicant is required for applications. If the household consists of two (2) adults, both will be interviewed. If only one (1) parent is present for the initial interview and it is determined that the family is potentially eligible, an interview will be scheduled for the second adult to ensure that both parents understand their responsibilities.

If the applicant family consists of a parent who is a minor (non-head of household) and his or her child(ren), then the adult with whom such minor parent and child are living will also be interviewed with the minor parent. See the Note below.



NOTE: The adult caretaker of the minor parent is required to attend to ensure that he or she is aware of the program requirements and responsibilities that will be expected of the minor parent. In addition, the adult, with whom the minor parent is living, will, in most situations, be made the payee for the cash assistance grant, and therefore be responsible for ensuring that the grant is used on behalf of the minor parent and child. This will be explained to the adult and minor parent during the interview.

The application will be reviewed with the applicant, including a review and discussion of the Personal Responsibility Agreement (refer to [TEA 2004.1](#)).

2000 TEA Application

2004.1 Personal Responsibility Agreement

2004.1 Personal Responsibility Agreement

01/01/22

The Personal Responsibility Agreement (PRA) is an agreement that provides the individual with responsibilities with which he or she must comply while receiving cash assistance.

The responsibilities include:

- Cooperation with the Office of Child Support Enforcement;
- Ensuring school age children are in school;
- Ensuring that pre-school children receive appropriate immunizations; and
- Participation in work requirements, if applicable.

The PRA will be reviewed with the applicant during the interview. The PRA reviews are conducted to ensure that the applicant understands it and agrees to comply by signing it.

As part of the PRA discussion, the eligibility worker will be responsible for advising the applicant of the supportive services that are available to both recipients and former recipients who become employed. This will include a thorough review of the PUB-389 (Supportive Services), with a copy given to the applicant. DWS will give a more detailed explanation of supportive services during the assessment.

If the family includes a non-head of household minor parent, the PRA will also be reviewed with such minor parent who must also sign it (see [TEA 2120](#) for specific requirements related to minor parent households).

If a non-head of household minor parent fails to sign the PRA, the application may be approved with the non-compliance sanction applied (refer to [TEA 2121](#)).

2000 TEA Application

2010 Diversion Assistance

2005 Obtaining Information to Determine Eligibility

04/01/24

The applicant is the primary source of information and is responsible for providing necessary verifications, as requested, to establish initial and ongoing eligibility. However, if the applicant is unable to provide essential information, or is having difficulty in obtaining it, the eligibility worker will assist in obtaining required information.

The applicant is expected to provide information as requested. Although the Department of Human Services (DHS) may assist the applicant, when necessary, the applicant should be encouraged to obtain as much information as they can, on their own, before requesting assistance. Such assistance may range from simply advising the applicant about how or where to get the information, to actually obtaining the necessary documents (for example, accessing the Department of Health birth records through ARIES).

2010 Diversion Assistance

04/01/24

Diversion Assistance is intended to help a family through a financial problem which jeopardizes employment and which, if not solved, could result in the family requiring regular ongoing cash assistance. Diversion Assistance is a replacement for, not a supplement to, regular assistance.

Diversion Assistance is a one-time payment to or on behalf of the family, which will resolve a financial problem so that the adult can maintain or obtain employment. Diversion Assistance is only available to an adult once during their lifetime.

The eligibility requirements for Diversion Assistance are as follows:

1. A minor child must live in the home.
2. The adult has never received a Diversion Assistance payment.

2000 TEA Application

2013 Cancelling a Diversion Payment

3. The Diversion Assistance amount will alleviate the crisis.
4. The adult (a) is currently employed but having a problem that jeopardizes the employment; or (b) has been promised a job but needs help in order to accept the job (for example, they need car repairs or uniforms).
5. The adult agrees to forego regular Transitional Employment Assistance (TEA) cash assistance for a period of one hundred (100) days from the date of application and signs a Diversion Assistance Agreement, DCO-182, to that effect.

The regular TEA income and resource requirements do not have to be verified and established. If the family's resources are obviously over the resource limit, then Diversion Assistance will not be authorized.

The Diversion Assistance payment will be the actual amount needed in order to resolve the crisis for up to a maximum of three (3) months of maximum grant payments for the household (for example, a household of 3 = \$204 x 3 months = \$612 maximum diversion payment). If the amount needed to resolve the problem is more than the maximum payment, and there are no other resources available to assist with the cost, it will be determined whether the maximum will alleviate the crisis in any way. If not, the payment will not be authorized.

Under Arkansas state law, a Diversion Assistance payment is a loan which the client should repay to the State of Arkansas when able to do so. Repayment, though, does not entitle the individual to another Diversion payment in the future.

A Diversion Assistance payment counts as a TEA month or months for purposes of the twelve-month time limit, if the adult later applies for TEA assistance, unless the payment has been repaid. If not repaid, the diversion payment counts for up to three (3) months of the time limit (based on the amount of the diversion payment), divided by the maximum grant for the family size. The number of months will be rounded up to the next higher number. (See [TEA 2130](#).)

TRANSITIONAL EMPLOYMENT ASSISTANCE POLICY MANUAL, SECTION 2000

2000 TEA Application

2013 Cancelling a Diversion Payment

Note: If the client requests to apply for Diversion Assistance, the client will be referred to the TEA Case Management unit.

2100 TEA Application Process

2101 Preliminary Income and Resource Eligibility Screening

2100 TEA Application Process

01/01/2023

2101 Preliminary Income and Resource Eligibility Screening

The income and resource sections of the application will be reviewed with the applicant to determine whether the family may be eligible for assistance. If the income or resources are above the maximums of \$513/month for income ([TEA 2351](#)) or \$3000 for resources ([TEA 2272](#)), it is not necessary to continue the application interview. The TEA application will be denied. If it appears that the family may be eligible for assistance, the interview process will continue.

2110 Social Security Number Enumeration Requirement

TEA Manual 5/1/08

To meet the Social Security enumeration requirement, each eligible person included in the Budget Unit must either:

- a. Declare a Social Security number or
- b. Apply for a Social Security number if one has not been issued or if one has been issued but is not known.

1. Individuals who Declare an SSN

To declare an SSN, an individual must state the number. Verification is not required. When an individual declares an SSN, the eligibility worker will enter the SSN to the ANSWER system for verification through the IEVS system. (This verification process is described in [TEA 2110](#).) The county office worker will not attempt to verify the SSN declared. However, if the household presents documentary evidence such as a social security card, a copy will be placed in the case record and used, if necessary, to clear any SSN discrepancies.

2. SSN Application Process (No SSN or SSN Not Known)

2100 TEA Application Process

2110 Social Security Number Enumeration Requirement

a. Aliens and Individuals age 12 or over

An alien regardless of age and an individual age 12 or over must apply in person at the local Social Security Administration Office. The eligibility worker will issue an SS-5, Application for a Social Security Card and a DCO-12, Enumeration Referral, along with the identifying information and pseudo-SSN to the applicant. The worker will not forward any evidence to SSA for the applicant unless SSA specifically requests such evidence. A photocopy of the SS-5 and DCO-12 will be retained in the county office until the DCO-12 is returned by SSA showing that a complete SSN application has been received.

An individual who has been issued a number but does not know it can obtain a replacement SSN card by completing an SS-5 and taking or mailing it to SSA.

If the DCO-12 is returned by SSA showing that a complete SSN application has not been received, the eligibility worker will send a DCO-1 advising the applicant that he must submit a complete SSN application to SSA within 10 days or the TEA application will be processed without that person's eligibility being considered.

b. Individuals under age 12

Form SSA-2853 *Receipt for Enumeration at Birth* will be accepted as proof of application for an SSN if an application for an SSN was made at the hospital when the baby was born. The eligibility worker will request the applicant to provide the SSA-2853, and make a photocopy for the case record. The county worker can accept this form as proof until the first reevaluation for continued eligibility. At that time, if a card has not been received, or a number is not on the system, the worker will complete an SS-5 and DCO-12 to forward to the SSA office, as described below.

For other individuals under age 12 who must apply for an SSN, the eligibility worker must complete the SS-5 and DCO-12. The worker will inform the applicant of what are acceptable types of evidence to verify date of birth, identity and U.S. citizenship as listed on the SS-5 application.

2100 TEA Application Process

2110 Social Security Number Enumeration Requirement

The original copies of evidence along with the SS-5 and DCO-12 will be submitted to the local Social Security Administration Office. A photocopy of the SS-5 and DCO-12 should be retained in the county office until the DCO-12 is returned by the SSA office indicating that a complete SSN application has been received.

If the DCO-12 is returned by SSA indicating that additional information or evidence is required, the worker will obtain the additional evidence, if available to the worker, and resubmit the entire SSN application and DCO-12. If additional evidence is not available to the worker, a DCO-1 will be sent to the applicant requesting the information and advising that if not provided within 10 days, the application will be processed without the person's eligibility being considered.

c. Qualified Aliens not Authorized to Work in the U.S.

SSA will not assign an SSN or a replacement card to an alien who does not have authorization of the Department of Homeland Security to work in the United States unless the alien has a valid non-work reason for needing an SSN. Meeting the eligibility requirements for TEA would be a valid reason for SSA to authorize an SSN. To assign an SSN in this situation, SSA requires documentation from DCO that the individual meets all eligibility requirements for cash assistance except for an SSN. For these individuals, the county office must first determine that the individual meets all points of eligibility except for an SSN. If they are TEA eligible, the county should complete the DCO-12, checking on the form that the non-work alien meets all eligibility requirements except for the SSN. The county office will issue the DCO-12 and SS-5 to the applicant or responsible party, following the procedures in 2.a. above, regardless of the age of the qualified alien. SSA requires an interview for enumeration of all non-citizens.

NOTE: Counties should only refer eligible applicants to SSA. Non-eligible, non-work alien parents applying only for their children should not be referred to SSA. They should be given a pseudo-SSN.

2100 TEA Application Process

2110 Social Security Number Enumeration Requirement

d. Undocumented Alien

An undocumented alien who is the casehead or included as an ineligible member in an open case will be assigned a pseudo number even if an SSN is provided. This includes an undocumented pregnant woman.

More information regarding the procedures for applying for a SSN can be obtained through SSA's website: www.ssa.gov/ssnumber/ or by calling toll free at **1-800-772-1213**, deaf or hard of hearing at **1-800-325-0778 from 7 a.m. to 7 p.m., Monday through Friday** for specific questions.

3. Verification of Social Security Number by SSA

Each month, all Social Security numbers that have been entered to ANSWER by the county office with enumeration code "Provided" are submitted to the Social Security Administration to verify SSN based on name, sex and date of birth. ANSWER will submit every unverified number and pseudo numbers on a monthly basis. If all match data agrees with SSA records, the enumeration code is changed to "Verified" in ANSWER by the system and the SSN is no longer keyable by the county. Once verified the enumeration code "S" will show on the Mainframe and ANSWER will show verified. If one or more of the match items does not agree with SSA records, the enumeration code "Provided" will be changed on the Mainframe and ANSWER system to one of the following mismatched codes:

Mainframe	ANSWER
1	SSN not on SSA files
2	Name matches, DOB matches, Sex does not match
3	Name matches, DOB does not match
4	Name matches, DOB and Sex do not match
5	Name does not match, DOB and Sex not checked.
6	Name and DOB match, multi or different SSN

2100 TEA Application Process

2110 Social Security Number Enumeration Requirement

4. SSN Mismatch Report

SSNs that have mismatched with SSA records will be reported via the SSN Mismatch Report on the ANSWER Reporting System. A mismatched SSN will continue to appear on this report each month until the mismatch has been resolved and SSA verifies the number.

The report will reflect the number of times a particular mismatched SSN has been submitted to SSA. This counter will appear in the “Counter” column of the Mismatch Report. The report will be posted to the ANSWER Reporting System by the third workday of each month. The county staff must review and take action to resolve each mismatch on the report within 60 days of receipt. The ANSWER Narrative will be updated to reflect the action taken.

5. Resolving Mismatches

First, check for obvious mismatches, (e.g. errors in keying the SSN, sex, name, or date of birth). Next, check SOLQ to determine if correction can be made in ANSWER from the SSA data on SOLQ. If this process does not resolve the mismatch, follow the procedures listed below.

a. SSN Not on SSA Files (Code 1)

If the SSN submitted is not a pseudo number,

- 1) View the person’s Social Security card.
- 2) If the number on the card is different from that shown on ANSWER, make the necessary corrections on ANSWER and change enumeration code to “provided “and save. The SSN will then be resubmitted to SSA on the next SSN electronically transferred file.
- 3) If the number on the card is the same as shown in ANSWER, send a photocopy of the card with a memo via fax or email to **ANSWER System Support, Office of Program Planning and Development (OPPD)**, fax # **501-682-1597**. The memo should list the case head name, case number, member name, member SSN, the reason for the mismatch and any other

2100 TEA Application Process

2110 Social Security Number Enumeration Requirement

pertinent information the count has obtained, e.g., contact with SSA. Narrate information in ANSWER. System Support will further investigate and advise the county of further action needed.



NOTE: Code 1 will continue to show for a newborn with a pseudo number until an SSN has been issued.

b. Name matches, DOB matches, Sex does not match (Code 2); Date of Birth Mismatch (Code 3); Name matches, DOB and Sex do not match (Code 4)

- 1) View a copy of the individual's birth certificate or other proof of age.
- 2) If date of birth, and/or sex is different from that shown in ANSWER, make necessary corrections in ANSWER and change enumeration code to "Provided".
- 3) If date of birth, and/or sex is the same as shown in ANSWER but different from what is shown in SOLQ, submit an SS-5 to SSA with the age documentation. A DCO-12 will also be sent with the SS-5. When SSA's records are corrected, an update will be received via the enumeration system and the enumeration code will be changed automatically to "S" on mainframe and "Verified" in ANSWER.
- 4) If all information is the same as shown in ANSWER, send a photocopy of the documents with a memo via fax or email to **ANSWER System Support, Office of Program Planning and Development (OPPD), fax # 501-682-1597**. The memo should list the case head name, case number, member name, member SSN, the reason for the mismatch and any other pertinent information the county has obtained, e.g., contact with SSA. Narrate information in ANSWER. System Support will further investigate and advise the county of further action needed.

c. Name Mismatch (Code 5)

- 1) View the person's Social Security card.
- 2) If the name shown on the card is different from that shown in ANSWER and the person is in agreement, make the necessary corrections in ANSWER and change the enumeration code to "Provided". If the person

2100 TEA Application Process

2110 Social Security Number Enumeration Requirement

is not in agreement and it has been established that the person is the same, the preferred name will be used.

EXAMPLE 1: The name on the card is Mary Smith (married name). The name in ANSWER is Mary Jones. Ms. Jones agrees to change her name to Mary Smith. ANSWER is corrected and the enumeration code will be changed to "Provided".

EXAMPLE 2: Mary Smith prefers to use her maiden name, Mary Jones, instead of her married name. The name in ANSWER is Mary Jones. Her name will not be changed to her married name in ANSWER. Ms. Jones will be advised to contact SSA to change their records. (3)

- 3) If the name shown on the card is incorrect, proof of the correct name should be obtained. An SS-5 with the documents verifying the correct name will then be sent to SSA to correct their records. A DCO-12 will be sent with the SS-5.

EXAMPLE 3: George Williams Martin is listed on the Social Security Card. However, the correct name is George Martin Williams as verified by the birth certificate. (4)

- 4) If the name on the card agrees with the name in ANSWER, send a photocopy of the card with a memo via fax or email **ANSWER System Support, Office of Program Planning and Development (OPPD), fax # 501-682-1597**. This memo should list the case head name, case number, member name, member SSN, the reason for the mismatch and any other pertinent information the county has obtained, e.g., contact with SSA. Narrate information in ANSWER. System Support will further investigate and advise the county of needed action.

2100 TEA Application Process

2110 Social Security Number Enumeration Requirement

d. Name & DOB match, Multiple SSN's or different SSN (Code 6)

The worker will review the SSNs provided and SOLQ to determine which number is correct. WESD may also be used if determined appropriate. If the applicant did not provide an SSN card, the worker will request a copy of it if needed to determine the correct number. ANSWER will be updated with the correct number.

d. Pseudo SSN

The System will update a pseudo if only one actual SSN is returned. If more than one is listed on the mismatch report, the worker will determine the correct number and update the number in ANSWER.

6. Household Cooperation in Clearing the Mismatch Report

When declared SSN's are returned by SSA as unverified, it is often necessary for the household to furnish the information necessary to clear the Mismatch Monthly Report.

A request for contact must be issued by the DCO worker to advise the recipient of the mismatch, what caused the problem (e.g., name is incorrect) and what information must be provided to resolve the problem. The recipient will be given 10 days to furnish the information. If the household does not furnish the needed information by the end of the designated 10-day period an advance notice of adverse action will be issued. The notice will specify that:

- the recipient has 10 days to furnish the information needed to clear the SSN mismatch;
- failure to provide the information will result in terminating eligibility for the individual whose SSN has not been verified or closure of the case if applicable;
- and if there are problems in obtaining the needed material the recipient should contact the DCO county office at once.

2100 TEA Application Process

2120 Minor Parent Households

If the recipient claims that the information needed to clear the mismatch report cannot be furnished, the DCO worker must substantiate the inability to provide the needed information.

FOR EXAMPLE: a household may claim it cannot verify a name change because official records were destroyed in a fire. The DCO worker would attempt to verify the occurrence of the fire because SSA records cannot be corrected without the missing documentation. If the county worker verifies that the recipient cannot provide the information needed to verify the SSN, the individual may continue to participate if otherwise eligible.

All actions taken by the county office to clear SSN mismatches must be fully documented in ANSWER.

7. Monitoring of SSN Mismatch Report

The DCO ES County Supervisor, or designee in the absence of an ES County Supervisor, will be responsible for monitoring the SSN mismatch report posted monthly for appropriate and timely processing. A random selection will be reviewed for compliance. The Program Support Specialists will conduct a random review of cases listed on the SSN mismatch report monthly for compliance and provide a report to the Area Director.

2120 Minor Parent Households

07/01/99

If the family includes a minor parent, i.e. under 18 years of age, certain requirements must be met. If the minor parent is not determined to be a head of household, these requirements include signing the Personal Responsibility Agreement along with the adult in the home and living in an adult supervised setting. All minor parents must attend school or engage in other educational activities. These requirements are described in more detail in the following sections ([TEA 2121 - 2122](#)).

2100 TEA Application Process

2121 Minor Parent Personal Responsibility Agreement

2120.1 Head - of - Household Minor Parent

07/01/99

For purposes of the TEA program, a head - of - household minor parent is defined as:

1. A minor parent who is legally married under Arkansas state law, regardless of whether he or she is currently living with the spouse and regardless of whether he or she is currently living with his or her own parent; or
2. A minor parent who is living on his or her own without adult supervision and it has been determined, in accordance with [TEA 2122.1](#), that this is an appropriate living arrangement for the minor parent and child.

If the minor parent is determined to be a head of household, then he or she may be the TEA casehead and payee and the requirements specific to a non-head of household minor parent will not apply.



NOTE: A head of household minor parent is required to sign the Personal Responsibility Agreement just as any adult parent or other adult caretaker is required to do.

2121 Minor Parent Personal Responsibility Agreement

07/01/99

For purposes of this section, “minor parent” means a non-head of household minor parent.

A minor parent will be required to sign the Personal Responsibility Agreement on the application form along with the adult applicant. The minor parent’s signature is required whenever the TEA application includes the minor parent’s child. It does not matter if the minor parent is one of several siblings for whom application is being made or if the minor parent and child are the only members of the TEA applicant family. As long as the minor parent’s child is included, the minor parent will be required to sign the Personal Responsibility Agreement along with the adult. If the minor parent refuses to sign the PRA, the 25% reduction in payment (non-compliance sanction) will be applied.

2100 TEA Application Process

2122 Non-Head of Household Minor Parent Living Arrangements

The responsibilities outlined on the PRA will be discussed with the minor parent. These include requirements in relation to the TEA program such as child support requirements, and participation in education and training activities. The availability of services such as child care assistance and Child Health Services Services to help meet the minor parent's personal and family responsibilities will be explained.

If possible, the PRA will be signed at the application interview. However, if the minor parent is not at the application interview, a time will be scheduled for the minor parent to come in and sign the PRA.

If the application is submitted online, minor parent agrees to the provisions of the PRA by electronically signing the PRA.

2122 Non-Head of Household Minor Parent Living Arrangements

07/01/99

A non-head of household minor parent and his or her child must live in the home of the minor parent's parent, legal guardian, or other adult relative except in certain situations listed in [TEA 2122.1](#).

If an application is made by an unmarried minor parent who is living on his or her own with a child or in a home that does not meet the above criteria, then it will be determined if he or she meets one of the exception situations listed in the following section. If the first exception is met, then no further development is required. If he or she meets one of the exceptions listed in [TEA 2122.1](#), then the county office will help in locating a second chance home, maternity home, or other appropriate adult-supervised living arrangement.

If the minor parent does not meet any exception, then the minor parent will be advised of the living arrangements requirement and that such arrangements must be resolved before TEA benefits can be authorized. A timeframe within which the minor parent and child must move into an appropriate living arrangement may be designated. Such timeframe should be reasonable based on the minor parent's individual circumstances but should not result in the application being unreasonably delayed.

If an appropriate living arrangement is available to the minor parent and she refuses such arrangement, then the application will be denied.

2100 TEA Application Process

2122 Non-Head of Household Minor Parent Living Arrangements



NOTE: Referrals to DCFS - A minor parent under the age of 16 should be referred to the Division of Children and Family Services if sexual abuse is suspected. Also, if deemed appropriate, a referral to DCFS on a homeless minor parent and child may be made.

2122.1 Exceptions to Minor Parent Living Arrangements

07/01/97

If an unmarried minor parent and child are not living in a living arrangement as described in the previous section, then the county office will first determine whether the minor parent meets one of the following exception situations before requiring a change in living arrangements or denying the application:

1. The minor parent's current living arrangement is determined to be appropriate. In this situation, the parent and minor child(ren) must continue to reside in such living arrangement as a condition of continued receipt of cash assistance. (An example of such an arrangement might be that the minor parent and child are living with an unrelated adult who has been acting as a parent to the minor.)
2. The minor parent has no parent, legal guardian, or other appropriate adult relative of his or her own who is living or whose whereabouts are known.
3. The minor parent's parent or legal guardian will not allow the minor parent and child to live in his/her home and there is no other appropriate adult relative who will allow the minor parent and child to live in their home.
4. The minor parent or child is being or has been subjected to serious physical or emotional harm, sexual abuse, or exploitation in the home of the minor parent's parent or legal guardian.
5. Substantial evidence exists of an act or failure to act that places the minor parent or child at risk of imminent or serious harm in the home of the minor parent's parent or legal guardian.
6. It is otherwise determined that it is in the best interest of the minor parent's child to waive the living arrangement requirement for the minor parent and child.

2100 TEA Application Process

2123 Minor Parent Education

The decision as to whether a particular living arrangement is appropriate under Item #1 above is made at the county office level. The case record should be documented as to why a living arrangement was determined to be appropriate.

The type or amount of verification requested of the minor parent to establish any of the above exceptions will be determined by the county office. Since the intent of the “living arrangement” requirement is to ensure as many minor parents and their children live in adult supervised settings as possible, attempts to verify the basis of an exception should be made. However, depending upon the individual situation, the minor parent’s declaration may be accepted, if deemed appropriate.

In situations in which it is determined that either Exception #4 or #5 apply, a referral to the Division of Children and Family Services will be made on behalf of the minor parent and child.

2123 Minor Parent Education

12/06/11

A minor parent who does not have a high school diploma or equivalency and whose child is over three (3) months old must attend school or participate in other educational activities directed toward the attainment of a high school diploma or its equivalent. Regular attendance and satisfactory progress will be the minor parent’s continuing work participation activity. The minor parent will be advised of this requirement during the application or PRA interview.

If the minor parent is enrolled in school or is participating in other educational activities when application is made, the County Office should verify enrollment and attendance before approving the application and document the case record accordingly. If the minor parent is not enrolled in school or other educational activities, he or she will be advised of this requirement and that enrollment and regular attendance in school or participation in other approved educational activities will be required. The application may be approved if all other eligibility requirements are met, but the minor parent will be required to verify enrollment as her first scheduled work participation activity. (Refer to Sections 3300 – 3350 of the [DWS TEA Case Management Manual](#) for a more detailed discussion regarding the minor parent education requirement.)

2100 TEA Application Process

2130 Time Limit

If school is not in session when the application is made, it will be discussed with the minor parent as to what her plans are when school resumes. As long as she plans to attend school when it resumes, the application may be approved, if otherwise eligible. However, verification of enrollment will be obtained as soon as school resumes.

2130 Time Limit

04/01/24

Beginning March 1, 2024, a family who meets all the eligibility requirements may receive Transitional Employment Assistance (TEA) cash assistance benefits for a period of up to twelve (12) total months. The months counted are based on receipt by the adult recipient or head-of-household minor parent. (Refer to Section 4141 of the [TEA Case Management Manual](#) for circumstances under which the time limit may be extended.)

The time limit does not apply in the following situations:

- In cases in which the only parent in the home, or both parents if both are living in the home, receives SSI benefits, and therefore, no adult is included in the case.
- In months in which the individual is deferred or exempt from work activity participation requirements. (See [EXAMPLE #2](#) below.)
- In the months in which a non-head of household minor (under eighteen years of age) parent receives cash assistance. The count will begin when the minor reaches eighteen (18) years of age.

The time limit applies:

- In cases in which the non-parent caretaker's relatives choose to be included in the TEA payment with the child, if a non-parent relative is a payee only, then the time limit does not apply to the case. This will be explained to the non-parent adult relative during the application interview. (See [EXAMPLE #1](#) below.)

The time a child receives assistance will not count toward their time limit when they become an adult.

2100 TEA Application Process

2130 Time Limit

Payments made by another state under a Temporary Assistance for Needy Families program count toward the twelve (12) month limit in Arkansas if the adult has received more than forty-eight (48) such payments in another state. Only the payments from another state in excess of forty-eight (48) total payments will count toward Arkansas' twelve (12) month limit.

NOTE: The DCO-118, TANF Assistance Received Out of State, will be used to report TEA benefits received from another state. The form should be emailed to the TEA Policy Unit.

EXAMPLE #1: A grandmother is applying (after July 1998) for her grandchild. The grandmother chooses to be included in the unit. After six (6) months of receiving TEA benefits, the case closes because the child has returned to their parent. The grandmother later reapplies for herself and a child of her own. Because she previously received six (6) months of assistance, she has six (6) months remaining in the twelve-month limit. Had she not been included with her grandchild previously, her twelve-month period would begin at one (1) month.

EXAMPLE #2: Ms. Jones was temporarily deferred from work activity requirements due to a domestic violence situation at the time her TEA application was certified in January. The deferral continued for the next five (5) months, ending in June. The deferral months of January through June will not count toward Ms. Jones twelve-month limit.

Diversion assistance payments count towards the twelve-month time limit unless the payment has been repaid. The number of months that a diversion payment counts is based on the diversion amount divided by the maximum grant for which the family would have been eligible had the diversion not been made. The number of months is rounded up to the next higher number. (See [TEA 2010](#).)

Inquiry to the TEA Time Clock may be made to determine the number of months an adult has received TEA benefits. Regular TEA payments and diversion payments are listed on this screen as well as payments paid by another state which must be counted toward the time limit.

2140 Child Support Requirements

07/01/99

When one or both parents are not living in the home with the child, or when legal paternity has not been established, the person receiving assistance for the child must comply with the child support enforcement requirements unless it would be against the best interests of the child.

These requirements are:

- The assignment of child support rights. Arkansas State Law, Act 1296 of 1997, provides for an automatic assignment of child support rights when an individual accepts Transitional Employment Assistance. (Refer to [TEA 2141](#))
- Cooperation in obtaining child support and establishing legal paternity (refer to [TEA 2142](#)).

The cash assistance payment for which the family is otherwise eligible will be reduced by 25% if the casehead or minor parent fails to cooperate, without good cause, with child support enforcement requirements.

The purpose of the Child Support Enforcement Program is to promote greater financial responsibility of parents to their children and to provide a child support collection service to reduce dependency upon public assistance.

This purpose may be stated in the following objectives:

1. Identifying and locating non-custodial parents of children for whom assistance is requested
2. Establishing paternity of children born out of wedlock for whom assistance is requested, including situations in which both parents are living with the child
3. Obtaining support payments due individuals for whom assistance is requested
4. Obtaining any other payments or property due individuals for whom assistance is requested.

2100 TEA Application Process

2141 Assignment of Child Support Rights

During the application interview, the child support enforcement requirements will be explained to the applicant.

2141 Assignment of Child Support Rights

12/06/11

Under Arkansas state law, when an individual accepts TEA for or on behalf of a child or children, such individual will be deemed to have assigned to the Department of Human Services any rights to child support from any other person as such individual may have:

- In his own behalf or in behalf of any other family member for whom he is receiving assistance; and
- Which have accrued at the time such assistance, or any portion thereof, is accepted.

The effective date of the assignment is the date the case is certified for cash assistance, or the child(ren) is added. The duration of the assignment will extend until: (a) the termination of TEA with respect to current support rights; and (b) such time as past TEA assistance has been reimbursed to the State with respect to accrued unpaid support rights.

Failure to turn in support payments will result in an overpayment which will be subject to recovery and may result in a sanction for non-cooperation.

The automatic assignment of child support rights will be explained to each TEA applicant. This will include reviewing with the applicant the Assignment of Child Support (DCO-237). It is important that the casehead be made fully aware of his or her responsibility to pay to the Office of Child Support Enforcement any support payments received from the non-custodial parent once the assignment becomes effective; i.e. approval of the application. It should be explained to the casehead that paying to the OCSE all support payments covered by the assignment is a part of the child support cooperation requirement.

2100 TEA Application Process

2142 Cooperation in Establishing Paternity and Obtaining Support

2142 Cooperation in Establishing Paternity and Obtaining Support

12/06/11

An individual may be freed from the requirement to cooperate in terms of Items 1-5 below, only if good cause for refusal to cooperate is determined to exist per [TEA 2143](#). Good cause is not allowed for refusal to cooperate in terms of Items 6 and 7 below.

“Cooperate” includes the following:

1. Providing information necessary for the referral to OCSE.
2. Appearing at the offices of the state or local agency or of the Office of Child Support Enforcement (OCSE) as necessary to provide verbal or written information, or documentary evidence known to, possessed by, or reasonably obtainable by the casehead that is relevant to the achieving of the objective of identifying and locating non-custodial parents, establishing paternity, and obtaining support;
3. Appearing as a witness at court or other proceedings necessary to achieving the objective of identifying and locating non-custodial parents, establishing paternity and obtaining support;
4. Providing information, or attesting to the lack of information, under penalty of perjury;
5. Providing information necessary to establish legal paternity for children included in the assistance unit for whom legal paternity has not been established.
6. Paying to the OCSE any child support payments received from a non-custodial parent which are covered by assignment after an assignment of child support becomes effective.
7. If required by the OCSE, entering into a formal repayment agreement, and complying with that agreement, to pay back any child support payments covered by the assignment which were received directly from the non-custodial parent and retained by the client.

2100 TEA Application Process

2143 Good Cause for Refusal to Cooperate

2143 Good Cause for Refusal to Cooperate

07/01/99

An individual may be determined to have good cause for refusing to cooperate with the State in child support enforcement activities and thus, be freed from the cooperation requirement. Good cause may be determined to exist in certain specified circumstances under which cooperation would be against the best interests of the child.

Each TEA casehead and/or minor parent subject to the cooperation requirement must be informed in writing via Form DCO-90 of his/her right to claim good cause prior to the requiring of cooperation.

TEA will not be denied, delayed, reduced or discontinued pending claim determination if all other eligibility requirements have been established. The OCSE will not undertake activities to establish paternity or to secure support when notified that an individual has claimed good cause.

2143.1 Claiming Good Cause

07/01/99

A claim of good cause will be made by the casehead or minor parent by completing form DCO-105 specifying the circumstance under which good cause is believed to exist. The casehead must provide corroborative evidence to establish the existence of the good cause circumstance and, if requested, provide sufficient information to permit the County Office to conduct an investigation. Evidence and/or information must be provided within 20 days from the date the claim was made, unless the County Office grants an extension.

Upon request, the County Office will advise the casehead how to obtain the necessary documents and will make a reasonable effort to obtain any specific documents which the casehead is not able to obtain without assistance.

If the application is ready to be certified but the claim is still pending, the worker will complete the certification but no referral to the OCSE will be made at that time. (See [TEA 2411.1](#).)

2100 TEA Application Process

2143 Good Cause for Refusal to Cooperate

If the application is denied due to other factors, all procedures relating to the claim may be discontinued at that time. A narrative entry should be made to explain the discontinuance of good cause procedures.

All claims of good cause and circumstances on which claims are based should be carefully documented in the record. Claims of good cause based on the circumstances subject to change should be reviewed periodically.

2143.2 Circumstances Under Which Good Cause May Exist

07/01/97

Good cause will be determined to exist only if cooperation in establishing paternity and securing support would be against the best interests of the child due to at least one of the circumstances listed below.

1. The cooperation of the casehead in establishing paternity or securing support is reasonably anticipated to result in physical or emotional harm to the child, or to the mother or other relative with whom the child is living. The potential physical or emotional harm must be of a serious nature to justify a finding. A finding of good cause for potential emotional harm may only be based upon a demonstrable impairment that substantially affects the functioning of an individual.
2. The County Office believes that proceeding to establish paternity or to secure support would be detrimental to the child for whom aid is sought due to the existence of at least one of the following circumstances:
 - a. The child was conceived as a result of incest or forcible rape;
 - b. The adoption of the child is pending before a court of competent jurisdiction;
or
 - c. The parent(s) is currently being assisted by a State or Licensed private social agency to resolve the issue of whether to keep the child or to relinquish him for adoption; and the discussions have not gone on for more than three months.

2100 TEA Application Process

2143 Good Cause for Refusal to Cooperate

A claim of good cause which has been substantiated based upon the circumstance defined under Item 2(c) above will not be valid for more than 90 days from the time such determination was made.

If, after the 90 days referenced above, the issue regarding the continued presence of the child(ren) in the home has not been resolved, the casehead must submit to the County Office each month thereafter evidence and/or information showing that the issue has not been resolved and that efforts to reach a decision are continuing. If such evidence and/or information is not provided at such time, Form DCO-1 will be sent (if appropriate) notifying the casehead that such must be provided or the non-custodial parent information for the OCSE referral provided within ten days. A failure to provide such evidence and/or information will be viewed as a failure to cooperate and the sanction will be applied.

If, during the 90 days, the issue is resolved that the child(ren) will remain in the home of the casehead, the good cause claim or decision substantiating the claim will become void. The casehead must then cooperate as required, or the sanction will be applied.

2143.3 Substantiation of Good Cause Claim

07/01/97

A good cause claim may be substantiated by:

1. Evidence which corroborates the claim, or
2. An investigation conducted by the County Office when the basis of the claim is anticipated physical harm and no corroborative evidence is available; or
3. Both corroborative evidence and an investigation.

It is the responsibility of the casehead to provide corroborative evidence and, if the County Office determines that an investigation is necessary, to provide sufficient information to enable such investigation.

The County Office will, upon request, advise the casehead how to obtain the necessary documents and make a reasonable effort to obtain any specific documents that the

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2143 Good Cause for Refusal to Cooperate

casehead is not able to obtain without assistance. Such requests will be documented on Form DCO-105.

2143.4 Types of Corroborative Evidence

07/01/97

Good cause claims may be corroborated with the following types of evidence:

1. Birth certificates or medical or law enforcement records which indicate that the child was conceived as a result of incest or forcible rape;
2. Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction;
3. Court, medical, criminal, child protective services, social services, psychological or law enforcement records which indicate that the putative father or non-custodial parent might inflict physical or emotional harm on the child or relative;
4. Medical records which indicate emotional health history and present emotional health status of the casehead or of the child for whom support would be sought; or written statements from a mental health professional indicating diagnosis or prognosis concerning the emotional health of the casehead or of the child for whom support would be sought;
5. A written statement from a public or licensed private social agency that the child's parent(s) is being assisted by the agency to resolve the issue as to whether to keep the child or to relinquish him for adoption; and
6. Sworn statements from individuals other than the casehead with knowledge of the circumstances which provide the basis for the good-cause claim. A sworn statement is a statement made and sworn to before a person authorized by law to take such a statement. Those persons who are authorized include a notary public, clerk of the court or a judge. (list not inclusive)

Any evidence considered must have a direct and logical relation to the circumstance(s) under consideration, or it will be insufficient to substantiate good cause i.e., it must verify the claim. Corroborative evidence is to be provided by the casehead within 20 days (or 40 days in exceptional cases) from the date the claim was made.

2100 TEA Application Process

2143 Good Cause for Refusal to Cooperate

2143.5 Investigation

07/01/99

Anticipated physical or emotional harm may be the basis of a claim for which there is no corroborative evidence particularly in the case of battered women. When no corroborative evidence is submitted in support of past physical or emotional harm, the County Office will investigate the claim when it believes that the claim is credible without corroborative evidence, and such evidence is not available.

Good cause will be found to exist if the statement of the casehead and the investigation satisfy the County Office that good cause exists. The casehead has the burden of establishing credibility and the reason no evidence exists. The agency investigation may not verify good cause, but should establish to the County Office's satisfaction the credibility of the casehead.

A determination that good cause exists due to anticipated physical or emotional harm under this section will be reviewed and approved or disapproved by supervisory staff. The record will document the findings (Form DCO-105).

In addition to cases in which physical harm is the basis of the claim and no corroborative evidence is available, the County Office may conduct an investigation to further substantiate a claim when the corroborative evidence provided is insufficient to make a determination.

2143.6 Special Consideration Related To Emotional Harm

07/01/99

The following should be considered in every case in which the good cause determination is based in whole or in part upon the anticipation of emotional harm to the child, the mother, or the caretaker relative:

- Present emotional state of the person subject to emotional harm;
- Emotional health history of that person;
- Intensity and probable duration of upset;
- Degree of cooperation to be required; and

2100 TEA Application Process

2144 Providing Information for the OCSE Referral

- The extent of the involvement of the child in the paternity establishment or support enforcement activities to be undertaken.

2143.7 Good Cause Claim Made at Application

07/01/99

If the applicant makes a good cause claim, he or she will be advised of the information needed to substantiate it and that the information must be provided within 20 days of the date the claim is made. If the application is ready to be processed, though, before the 20th day and the evidence has not been provided, it will not be delayed. Refer to [TEA 2411.1](#).

2144 Providing Information for the OCSE Referral

12/06/11

Unless good cause for refusal to cooperate has been claimed or has been determined to exist, the TEA casehead must provide information for the OCSE referral on each parent who is absent from the home or the putative father when both parents are living in the home with the child and legal paternity has not been established.



NOTE: Arkansas State Law, Act 1091 of 1995, amended by Act 1296 of 1997, requires both parents to sign an affidavit acknowledging paternity or obtain a court order before the father's name can be added to the birth certificate of any child born April 10, 1995 or later. Therefore, if the father's name is on the birth certificate of any child born April 10, 1995 or later, paternity has been established. A referral to OCSE will not be made when both parents are in the home and paternity has already been established.

If the casehead refuses to provide the necessary information to make the OCSE referral, the application will be approved with the 25% reduction for non-cooperation with the child support enforcement requirements.

2100 TEA Application Process

2145 Cooperation with the OCSE Following Non-Compliance

2145 Cooperation with the OCSE Following Non-Compliance

07/01/99

The sanction for non-cooperation with child support requirements will be lifted upon actual cooperation by the person who failed to cooperate. (Refer to [TEA 4151](#) for a description of the sanction.)

When a client whose cash assistance payment was reduced due to child support non-compliance wishes to have his payment restored to the full amount, he or she must cooperate with the OCSE before the full payment is authorized. The cooperation requirement will be discussed with the client to determine if he or she intends to cooperate now. If the client states a willingness to cooperate, then he or she will be referred to OCSE.

Processing of the application may continue pending notification from the OCSE as to whether the client has cooperated.

If the reason for the prior non-compliance was the parent's (or other adult relative's) failure to appear in court, then full cooperation cannot occur until the OCSE schedules a court date and the client actually appears. If the OCSE advises that the client has agreed to cooperate but that a court date must be scheduled, then the application may be approved at the reduced payment until he or she actually appears in court.

2150 Other Explanations

07/01/99

Other explanations to be given during the application interview are listed below.

2150.1 Family Cap

02/27/18

A child who is born while the mother is receiving TEA cash assistance, either for other children or as a minor child herself, will not be included in the case for cash assistance purposes unless the TEA case closes and remains closed for a period of six (6) continuous months. In addition, a child who is born within nine (9) months of the month

2100 TEA Application Process

2150 Other Explanations

TEA benefits were terminated to the mother will not be included for payment unless the mother's case has been closed continuously for six (6) months.

This provision applies equally to applicants who are pregnant and deliver after certification, and to recipients who become pregnant after certification. There are no exceptions.



NOTE: The family cap provision does not apply to a child who moves into the home from another home (see [TEA 4132](#)).

The County Office will thoroughly explain this provision to the applicant, and minor parent if appropriate. It should be pointed out to the applicant that the provision applies to teenagers included in the unit as well as the adult. Therefore, if a teen gives birth after the case is certified, that newborn will not be added to the payment (see [TEA 4131](#)).

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2150.6 DWS Case Management Services

2150.3 Administrative Hearings

07/01/97

The County Office will explain that the applicant may request a hearing if his application is denied or is not acted upon with reasonable promptness. In addition, if approved for benefits, it will be explained that he or she will have the right to request a hearing if the assistance payment is reduced, discontinued, or terminated. Refer to [TEA 8000](#) for more detailed information concerning Administrative Hearings.

2150.4 Voter Registration

07/01/97

If the applicant indicated on the application form that he or she would like to register to vote, the applicant will be offered a Voter Registration Application. Refer to [Appendix V](#) for Voter Registration policy and procedures.

2150.5 Extended Support Services

12/06/11

The County Office will explain the availability of extended support services, which include Medicaid and child care assistance, when a case is closed due to employment. (Refer to section 5000 of the [DWS TEA Case Management Manual](#) for detailed information regarding other extended support services).

2150.6 DWS Case Management Services

12/06/11

During the interview, the Eligibility Worker will explain to the applicant that upon approval, a referral will be made to the Department of Workforce Services (DWS) for case management services. The DWS Case Manager will perform all case management activities in accordance with the [DWS TEA Case Management Policy Manual](#).

2200 Eligibility Determination

2201 TEA Family/Assistance Unit Defined

2200 Eligibility Determination

12/01/97

In addition to the eligibility requirements dealt with during the application interview (i.e., the PRA, providing or applying for an SSN for all family members, and initial cooperation with the OCSE), it will be determined and documented in the case record whether the family meets the remaining TEA eligibility requirements as described in the following sections.

If it is determined, at any point, that an eligibility requirement is not met, it is not necessary to determine whether the applicant meets any other requirements. The application may be denied based on the requirement not met. Each requirement is discussed in more detail in the following sections.

2201 TEA Family/Assistance Unit Defined

08/01/18

For purposes of the TEA program, the terms “TEA family” and “assistance unit” have the same meaning and are used interchangeably throughout this manual.

The above terms refer to the under age 18, non-SSI child(ren) for whom application is made and the following persons:

1. The parent(s), including minor parents, living in the home with the child unless such parent receives SSI benefits. If both parents are in the home, they do not have to be married to both be included in the unit.
2. The non-SSI step-parent living in the home with the child.
3. Any non-SSI sibling under age 18 of the child for whom application is made who is living in the home and for whom the parent or other adult caretaker has responsibility even if application is not made for that child. (See [EXAMPLE #1](#) below.)
4. A non-parent, non-SSI adult caretaker relative who chooses to be included as an eligible family member. Only one such relative may be included.

2200 Eligibility Determination

2201 TEA Family/Assistance Unit Defined

Please see the [NOTES](#) below.

The persons described in Items 1-3 are required to be included as TEA family members except when a specific individual eligibility requirement is not met by such person.

Individual eligibility requirements are the following:

- a) SSN Enumeration ([TEA 2110](#))
- b) Child's Relationship to the Caretaker Relative ([TEA 2210](#))
- c) Citizenship or Alienage ([TEA 2220](#))
- d) Fleeing Felon or Parole or Probation Violator ([TEA 2240](#))
- e) Family Cap Provision ([TEA 2361](#) and [TEA 4131](#))



[NOTES:](#)

- **Minor Parents** - If the application is made for the minor parent and child only, the minor parent's parent(s), stepparent, or siblings are not required to be included in the assistance unit. (See [EXAMPLE #2](#) below.)
- **Legal/Biological Father** - If the child has a legal father (according to state law) who does not live in the home but the alleged biological father does, such biological father will not be included as the child's parent until the issue of the legal father has been legally resolved.
- **Consolidated Units**

If there are two or more otherwise separate families living in the same house, such families will not be combined into one single TEA family even if some of the children may be half-siblings to each other. (See [EXAMPLE #3](#) below.)

All minor non-SSI children in the home for whom the caretaker relative has responsibility will be included in one unit.

All minor non-SSI children in the home for whom a legally married couple has responsibility and for whom they are receiving, or wish to receive, assistance will be included with the couple as one TEA family, or assistance unit. (See [EXAMPLE #4](#) below.)

2200 Eligibility Determination

2201 TEA Family/Assistance Unit Defined

EXAMPLE #1: Ms. Adams applies only for her son James and does not want to apply for her daughter Crystal because Crystal receives SSA benefits from her deceased father's account. Even though Ms. Adams is not applying for Crystal, she must be included in the application and the TEA family, even if Crystal's SSA income causes ineligibility for the assistance unit.

EXAMPLE #2: Ms. Craig applies for assistance for her 16 year old daughter Sue and Sue's baby, Emily. Other household members include Sue's two brothers. Ms. Craig does not want assistance for herself and her two sons. The TEA family will consist of Emily and her mother, Sue.

EXAMPLE #3: Ms. Jones and Ms. Smith each have two children. Mary, Ms. Jones' child, and Tom, Ms. Smith's child, have the same father making them half-siblings. The Jones and Smith families will remain separate families under TEA even though Mary and Tom are half-siblings.

EXAMPLE #4: Mr. and Mrs. Madison each have a child of their own from a previous marriage living with them. Even though they have no child in common, the four of them (Mr. and Mrs. M. and the two children) will be considered to be one TEA family, not separate families.

EXAMPLE #5: Mr. and Mrs. Sanchez each have a child of their own from a previous marriage living with them. They do not have a child in common. Mr. Sanchez's son is receiving \$400 per month in child support from his mother. Mr. Sanchez does not want to receive TEA assistance for his son. Because Mr. Sanchez is a stepparent to Mrs. Sanchez's child, he must be included in the TEA case with Mrs. Sanchez and her child. However, his child is not required to be in the case because his child is not a sibling or half sibling to Mrs. Sanchez's child. Therefore, Mr. Sanchez may choose to exclude his child and thus, the child's income.

The eligibility requirements described in the following sections will be determined in relation to the TEA family members as defined above. If a requirement affects only an individual's eligibility, the section specific to that requirement specifies so and describes how to treat an individual family member who is ineligible due to the requirement.

2200 Eligibility Determination

2210 Age and Relationship Requirement

2210 Age and Relationship Requirement

07/01/97

The non-SSI child(ren) must be under 18 years of age and must live in the home of a parent or other adult caretaker who is in a specified degree of relationship to the child.

A home is defined as the family setting maintained or in the process of being established, as evidenced by the assumption and continuation of responsibility for the day to day care of the child by the relative.

A child is considered to be living with a parent or other relative even though:

1. The child is under the jurisdiction of a court (receiving probation services or protective supervision).
2. Legal custody is held by an agency or other individual provided, though, the child is physically residing with the applicant.
3. The child or adult is hospitalized provided that, upon release, the child or adult will return to the home of the applicant.
4. The child or adult is otherwise temporarily absent from the home not to exceed 45 consecutive days. (See **NOTE** below.)



NOTE: The intent of the “temporary absence” provision above (#4) is to continue assistance to a family during short periods of time in which the adult or child may not be in the usual family setting (e.g., a child may visit the non-custodial parent for up to 45 days). It is not intended to provide assistance to an adult on behalf of a child who, on a regular basis, lives in another adult’s home the majority of the time (e.g., resides with another relative during the week to enable either the child or parent to attend school in another location).

2211 Degrees of Relationship

07/01/97

The child must be living with a relative who is in one of the following degrees of relationship to the child:

2200 Eligibility Determination

2212 Methods of Proving Age and Relationship

1. A blood or adoptive relative who is within the fifth degree of kinship. Such relatives by degree of kinship are as follows:

1st degree - Parent.

2nd degree -Grandparent, sibling.

3rd degree - Great-grandparent, uncle, aunt, nephew, niece.

4th degree - Great-great-grandparent, great-uncle, great-aunt, first cousin.

5th degree - Great-great-great-grandparent, great-great-uncle, great-great-aunt, first cousin once removed (i.e., the child of one's first cousin).

Half-relationships will be considered the same as full relationships.

2. Step-father, step-mother, step-brother, step-sister.
3. Spouses of any persons named in the above groups. Such relatives may be considered within the scope of this provision though the marriage is terminated by death or divorce.

2212 Methods of Proving Age and Relationship

08/10/11

The child's age and relationship to the parent or other adult caretaker must be verified. The inability of the casehead to verify the age or relationship of one child does not affect the eligibility of other children in the family.

Acceptable documents to verify age and relationship include the following:

1. Birth Certificates/Hospital Certificates: Original birth certificates are considered the strongest proof of age. Delayed birth certificates will be accepted. A hospital certificate is also acceptable proof.

County staff has online access to the Arkansas Department of Health birth records through the Unique Client Directory (UCD) Vital Records on DHS Share.

2200 Eligibility Determination

2212 Methods of Proving Age and Relationship

Birth information from this file may be printed and used to verify age and relationship in lieu of an actual birth certificate. If the birth information is not available through the Department of Health's birth records, the household will be allowed additional time, if needed, to verify the birth.

For verification of births out of state, the applicant is responsible for obtaining the necessary verification. If the applicant cannot obtain such verification, the agency may assist by writing the Social Service Agency in the other state to request their assistance in obtaining verification.

2. **Government Records:** Civil records, court records, draft records, military records, records of the Census Bureau, Social Security records, and other government records may furnish conclusive proof of age and/or relationship.
3. **Organization Records:** The records of public and private agencies, fraternal societies, organizations such as trade unions, or medical records which give the age or birth date of an individual will be acceptable evidence of age.
4. **School Records:** School enumeration records or registration records will be acceptable proof if made at the time the child was first registered or at least one year prior to the date of the application.
5. **Employment Records:** The records kept by an organization or individual who has formerly employed the applicant will be considered acceptable proof of age. This record must be at least five (5) years old.
6. **License:** The applicant may be able to provide a marriage license which will furnish conclusive proof of age.
7. **Family Birth Records:** Family records of births, marriages, and deaths of members are kept in a permanent register, usually a Bible. For evidence of birth dates for children, such a record may be accepted. The condition of entries should show the siblings in the sequence in which they were born. When a family record is accepted, the case record must contain a description of the birth record, the reason it was determined to be authentic and long standing, the permanent location of the record, and the date and place it was seen by the worker.
8. **Record of Physician:** A copy of a birth record of a physician can be accepted as verification.

2200 Eligibility Determination

2213 Verifying Presence of Child in Home of Relative

9. Statement of Witness to Birth: A notarized statement of a witness (such as a doctor, nurse, midwife, or other person present at the time of birth) is acceptable. The following facts must be included:
- a. Name of the child and parents.
 - b. Date and place of birth.
 - c. Relationship of the witness to the family, such as attending physician or nurse.
 - d. Facts showing that knowledge is primary and direct, not hearsay.

If proof of one child's age or relationship cannot be obtained, or the client is having difficulty obtaining it, this will not affect the eligibility of any other child in the family. Assistance will be approved for the otherwise eligible children. When proof of the excluded child's age or relationship is provided, that child will be added. See the Example below. (**NOTE:** A new application will not be required to add the child in this situation.)

EXAMPLE: Ms. Jones applied for three children. The two youngest children were born in Arkansas and Ms. Jones provided their birth certificates to verify their ages and relationship to her. However, the oldest child was born in Maine and Ms. Jones lost the copy of the birth certificate she had in a house fire. She has written to the state of Maine to get another copy but has not received anything back yet. All other factors are met, so the application is approved with Ms. Jones and the two younger children included as eligible family members. As soon as the birth certificate is received for the oldest child, he will be added.

2213 Verifying Presence of Child in Home of Relative

07/01/97

The worker will verify that the child(ren) are living with the parent or other relative.

Acceptable methods of verification include:

2200 Eligibility Determination

2220 Citizenship or Alienage Requirement

- *Collateral Statement*, Form DCO-76, completed by a friend or neighbor showing the child as a household member. (Primary type)
- Phone contact with a friend or neighbor.
- Information from current school records
- Other types of collateral contact.

The verification used will be documented or filed in the case record.

2220 Citizenship or Alienage Requirement

08/01/99

Each individual for whom application is made must be one of the following:

1. A United States citizen (native born or naturalized); or
2. An alien lawfully admitted for permanent residence prior to August 22, 1996; or
3. A qualified alien for whom federal law requires benefits under Title IV-A of the Social Security Act to be provided.
4. An alien who entered the United States on or after August 22, 1996 and has been in “qualified alien” status for at least five (5) years. (**NOTE:** For an alien who is granted qualified alien status due to being a battered alien, the five year period begins with the date of the prima facie case determinations or the date the I-130 visa petition is approved.)

An alien lawfully admitted for permanent residence prior to August 22, 1996 includes the following:

- A refugee admitted under Section 207 of the Immigration and Nationality Act (INA);
- An alien granted asylum under Section 208 of the INA;
- An alien who was paroled into the United States under Section 212(d)(5) of the INA for a period of at least one (1) year;
- An alien whose deportation is being withheld under Section 243(h) of the INA;
- An alien who was granted conditional entry pursuant to Section 203(a)(7) as in effect prior to April 1, 1980.

2200 Eligibility Determination

2220 Citizenship or Alienage Requirement

A qualified alien under Item #3 above is one who meets one of the following criteria:

- a. Was admitted to the United States less than five (5) years ago as a refugee under Section 207 of the Immigration and Nationality Act.
- b. Was granted asylum under Section 208 of the Immigration and Nationality Act less than five (5) years ago.
- c. Whose deportation is being withheld under Section 243(h) of the Immigration and Nationality Act and such withholding decision was made less than five (5) years ago.
- d. Has been admitted for permanent residence under the Immigration and Nationality Act and has worked forty (40) qualifying quarters of coverage as defined under title II of the Social Security Act or can be credited with such qualifying quarters as follows:
 - 1) All of the qualifying quarters of coverage worked by the alien's parent while the alien was under 18 years of age will be credited to the alien;
 - 2) All of the qualifying quarters of coverage worked by the alien's spouse during their marriage provided they are still married or the spouse is deceased.
 - 3) No qualifying quarter of coverage described above, beginning on or after January 1, 1997, worked by the alien, parent, or spouse) will be credited to the alien if the alien, parent, or spouse (as appropriate) received any Federal means-tested public benefit during the period for which the qualifying quarter of coverage is so credited.
- e. Is lawfully residing in the State and is (1) a veteran with an honorable discharge from the military; (2) on active duty (other than for training) in the Armed Forces of the United States; or (3) the spouse or unmarried dependent child of an individual described in (1) or (2).
- f. Has been certified as a victim of a severe form of trafficking under the Victims of Trafficking and Violence Protection Act of 2000, Section 107 (PL 106-38).

A qualified alien under Item #4, including battered aliens, is one who meets one of the following criteria:

2200 Eligibility Determination

2221 Methods of Proving Citizenship or Alienage Status

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA);
- An alien who is paroled into the United States under section 212(d)(5) of such Act for a period of at least 1 year; and
- An alien who is granted conditional entry pursuant to section 203(a)(7) of such Act as in effect prior to April 1, 1980.

2221 Methods of Proving Citizenship or Alienage Status

03/28/18

A declaration of citizenship will be accepted unless the County Office determines that the declaration is questionable in which case verification such as birth certificates or naturalization papers will be required.

The following documents may be used to verify alien status:

1. Refugee: INS Form I-94 annotated "Admitted as a refugee pursuant to Sec. 207 of the INA"; INS form I-688B or I-766 annotated "274a.12(a)(3)"; or Form I-571. Date of entry must be less than five (5) years from the current date.
2. Asylee: Form I-94 annotated "Asylum status granted pursuant to Sec. 208 of the INA"; a grant letter from the Asylum Office of the INS; Form I-688B or I-766 annotated "274a.12(a)(5)"; or an order of an immigration judge granting asylum. (If a court order is presented, verify that the order was not overturned on appeal by sending a G-845 to INS, attaching a copy of the document.) The date asylum was granted must be less than five (5) years from the current date.
3. Deportation Withheld: An immigration judge's order showing deportation withheld under Sec. 243(h) and date of the grant; or Forms I-688B or I-766 annotated "274a.12(a)(10)". (If a court order is presented, verify that the order was not overturned on appeal by sending a G-845 to INS, attaching a copy of the document.) The date deportation was withheld must be less than five (5) years from the current date.
4. Lawfully Admitted for Permanent Residence: I-551 (Green Card); or, for recent arrivals, a temporary I-551 stamp on a foreign passport or on Form I-94.

2200 Eligibility Determination

2221 Methods of Proving Citizenship or Alienage Status

5. Worked Forty (40) Qualifying Quarters of Coverage - SSA Query screen (WQRY) will be used to determine if an alien has 40 qualifying quarters of coverage, including credited quarters from his or her parent or spouse. Form SSA-3288, SSA Consent for Release of Information, must be signed by the person for whom quarter of coverage information is needed before making the inquiry. (If the person is deceased, no consent is needed.) Refer to the DCO User's Manual for instructions on how to inquire to WQRY for this purpose.
6. Battered aliens: Form I-130 filed by alien's spouse or parent of the battered child, Form 1-30 petition as a widow(er) of a U.S. citizen, an approved self-petition under Violence Against Women Act or an application for cancellation of removal or suspension of deportation filed as a victim of domestic violence.
7. Honorable Discharge: A U.S. military discharge certificate (DD Form 214) that shows character of service as "Honorable" and does not show, in the narrative reason for discharge entry, that the discharge was based on alien status, lack of U.S. citizenship, or other "alienage" reason.
8. Active Duty Member of the Armed Forces: The green service identity card (U.S. Form DD-2) or (rarely) red service identity card and copy of current orders showing active duty (not active duty for training purposes only).
9. Spouse or Dependent Child of Veteran or Active Duty: A marriage license or birth certificate verifying the individual's relationship to the veteran or active duty military person along with the appropriate verification for honorable discharge or active duty.
10. Trafficking Victim: A certification letter issued by the Office of Refugee Resettlement verifying that an individual has been identified as a trafficking victim pursuant to section 107(b) of the Trafficking Victims Protection Act of 2000.

2200 Eligibility Determination

2221.1 SAVE

2221.1 SAVE

05/01/18

Under the Systematic Alien Verification for Entitlements (SAVE) Program, the INS examines documentation provided by non-citizens to insure the documentation is authentic and accurate. SAVE uses a web-based application developed by the Department of Homeland Security for use by Federal and State agencies administering entitlement programs. The telephone verification system is no longer available.

To access the new system, the worker must click on the following link:

<https://save.uscis.gov/Web/vislogin.aspx?JS=YES> (A link to this web-site is available through ANSWER.)

No unauthorized individual may access the SAVE system. The DCO Supervisor in each county office supervises access to the SAVE system through the county's "user group." He or she adds or deletes SAVE users to the county's user group, resets user passwords, and reviews user activity. A worker must be added as a **General User - View user initiated ISV responses**. A lead worker or supervisor must be added as a **General User - View ISV responses for all users in Group** in order to be able to monitor the activities of other group members.

Each worker and supervisor added to SAVE as a user must also sign a safeguard certification before accessing the SAVE system. These documents will be maintained in a folder in the county for possible audit review. The document is available on DHS SHARE.

Once a worker is added to the system, he or she will be directed to the Tutorial selection at the top of the screen. The tutorial will step the user through the process of requesting verification of alien status.

Electronic Verification

SAVE electronically verifies immigration status or naturalized or derived citizenship using a three-step process:

- **Initial Verification** (first step) - **electronically** compares information the agency enters against immigration databases and returns a response within seconds. The system will respond with the applicant's current immigration status and a

2200 Eligibility Determination

2222 Declaration of Citizenship

unique USDHS ID. A code will be provided by USDHS identifying the next verification steps to take as necessary. If the information provided in the initial response is sufficient to make an eligibility determination, no additional verification is necessary. When USDHS cannot immediately verify information provided by the individual, a code will be returned instructing the agency to review and correct the information, or to institute additional verification.

- **Additional Verification** (second step) - is initiated electronically by the agency when the system returns information that varies from what the individual presents. This step takes between 3–5 federal working days. The SAVE system will populate the agency action field with the next possible steps. If information is sufficient to determine eligibility, no further verification is needed. Third Step Verification will be initiated if eligibility cannot be determined based on the code received.
- **Third Step Verification** - is an electronic process initiated by the agency. The agency must submit photocopies (front and back) of the applicant's relevant immigration documents using the scan and upload function.
- **Close Case** – After a response has been received with enough information to make an eligibility determination, or all electronic methods of verification have been exhausted, the USDHS SAVE case should be closed through the SAVE program.

The SAVE user's manual may be found at:

<https://save.uscis.gov/web/media/resourcescontents/saveprogramguide.pdf>

2222 Declaration of Citizenship

02/15/05

As a condition of eligibility, a declaration of citizenship, or lawful alien status, must be made in writing, under penalty of perjury, for each TEA family member.

2200 Eligibility Determination

2240 Fugitive Felons and Parole or Probation Violators

The Immigration Reform and Control Act (IRCA) of 1986 (P.L. 99-603) requires an applicant for public benefits to declare in writing, under penalty of perjury, whether he is a citizen or national of the United States, or if not, that he is an alien in satisfactory immigration status. An individual must be given certain status options from which to choose to make his citizenship declaration.

- The ANSWER generated Client Declaration statement is used to obtain the written declaration for the family. The Eligibility Worker enters the information in the citizenship area of the Client Profile tab for each member of the TEA Budget Unit. The individual must be given the status options listed on the Client Profile tab from which to choose to make his citizenship declaration.
- The alien number, status, date of entry and country of origin must be completed on the Client Profile tab for any family member included in the assistance unit who is not a U.S. citizen. It must be verified, as described in [TEA 2221](#), that the INS status meets the TEA eligibility criteria for an alien. The Client Declaration is printed and the case head signs the form on behalf of all adults and children included in the assistance unit.
- The case head is required to sign the Client Declaration to declare citizenship status of the individual each time a new member is added to the case. If the case is closed and the client reapplies, a new Client Declaration declaring the citizenship status of the assistance unit will be required.

2240 Fugitive Felons and Parole or Probation Violators

07/01/97

An individual who is fleeing to avoid prosecution, or custody or confinement after conviction, of a felony offense is ineligible for TEA benefits.

An individual who is violating a condition of probation or parole imposed under Federal or State law is ineligible for TEA benefits.

The eligibility of other family members is not affected by the ineligibility of a person described above. Such ineligible person will not be included in the family size for purposes of determining the payment amount. However, if the person is the parent or stepparent of any child included in the unit, his or her income will be counted.

2200 Eligibility Determination

2250 Residence Requirement

2250 Residence Requirement

07/01/97

The family must presently reside in Arkansas and intend to make it their home.

No specific duration of residence is required. If the applicant has the present intention to make the state his home, current eligibility will not be affected even if the applicant intends to leave the state at some future time. Residence is not affected by a temporary absence from the state, provided the absence is less than one (1) month.

Homeless families who do not have a fixed or permanent address but reside in the state as residents of Arkansas are eligible for TEA provided they meet all other eligibility requirements.

The county office will determine an address of choice (e.g., a PO Box, homeless shelter, etc.) for such families. If otherwise eligible, the case may be certified with this chosen address.

2260 Initial Compliance with the Personal Responsibility Agreement Requirement

03/28/98

The Personal Responsibility Agreement requires the adult caretaker, or minor parent, to ensure that school-age children attend school regularly and that the children receive immunizations as needed. "School-age" is defined as five (5) years through seventeen (17) years of age and "pre-school age" is two (2) months to five (5) years of age. Exemptions to the immunization requirement may be approved as described in [TEA 2262.1](#).

2261 School Attendance

03/02/98

If the adult or minor parent reports at application that all school-age children are enrolled in and satisfactorily attending school, the worker may accept the statement of the applicant. Enrollment and satisfactory attendance will be verified with the school

2200 Eligibility Determination

2262 Pre-School-Aged Immunizations

and documented in the case record in those cases where it is reported that one or more children in the family has failed to enroll or attend school regularly. Such reports may come from any of several sources including, but not limited to, the school system locally, courts, system-generated reports supplied by the state Department of Education, etc. "Satisfactory attendance" is defined in accordance with the school's definition of attendance. If the children are not enrolled, the application may be approved if all other eligibility requirements are met. However, the adult or the minor parent will be advised that the children must be enrolled and that certification of enrollment must be provided by the parent no later than thirty (30) days from the date the application is approved. If school is not in session when the application is made, e.g. summer vacation, then the parental certification must be provided within thirty (30) days of the date school resumes. (See [TEA 4152](#).)

If the children are being home-schooled, the applicant's statement will be accepted unless questionable. If questionable, then verification that there is an approved homeschooling application on file with the school superintendent should be required.

2262 Pre-School-Aged Immunizations

07/01/99

Proof of current immunizations of all pre-school-age children will be requested prior to approval of the application. (See [Appendix A](#) for the immunization schedule.) If such proof is provided, the case record will be documented accordingly or a copy of the immunization record filed in the record. If any pre-school-age children are in need of immunizations, the application may be approved if all other eligibility requirements are met, but the adult or minor parent will be advised that the children must receive the needed immunizations, and proof that the appropriate immunizations have been received must be provided no later than thirty (30) days from the date the application is approved (see [TEA 4153](#)).

2200 Eligibility Determination

2270 Resource Requirement

2262.1 Exemptions Due to Medical or Religious Beliefs

04/08/19

An applicant who refuses to have a child immunized because of religious beliefs or because of a medical problem (e.g., allergic reaction), must provide verification that an exemption has been granted by the Arkansas Department of Health (ADH) in Little Rock. To obtain such exemptions, the applicant must request a Religious Exemption Application or Medical Exemption Application from the Arkansas Department of Health. The toll free telephone number is 1-800-574-4040. The Department of Health is located at 4815 West Markham, Little Rock, AR 72205.

Upon completion, the application must be submitted to the Arkansas Department of Health at the above address for a decision. The decision will be sent directly to the parent(s) or caretaker relative. The normal processing time is two weeks. The parent(s) or caretaker relative must provide verification of the decision within 30 days from the date the TEA application is approved or the date on which the child is added to the TEA case (if eligible for payment). Failure to provide such verification will result in the TEA cash assistance payment being reduced by 25% after the appropriate notice. If, however, a decision remains pending from the Arkansas Department of Health at the end of 30 days, verification of the pending status will be obtained by the applicant from the Health Department and provided to the case worker.



NOTE: Requests can be made only to the Central Office of the Arkansas Department of Health listed above, not to the local health units.

2270 Resource Requirement

07/01/97

The countable resource limit for all family sizes is \$3000.

The resources of all persons included in the assistance unit must be determined. This includes all adults, children, and minor parents. In addition, the resources of a non-SSI parent or step-parent living in the home are always considered in determining the

2200 Eligibility Determination

2271 Definition of a Resource

children/step-children's eligibility even if such parent or step-parent is not included in the unit as an eligible member.

Certain types of resources, specified in [TEA 2272](#), are not counted in determining the family's resource eligibility.

Resource eligibility is determined as of the first day of a calendar month. If the countable resources are equal to or less than \$3000.00 on the first day of the month, then the family is resource eligible for the entire month even if the resource value increases and exceeds the limit later in the month.

2271 Definition of a Resource

07/01/97

A resource is any real or personal property available to an individual to meet his needs (i.e., can be turned into cash). Only those resources currently available, or which the individual has the legal ability to make available, will be considered. Accumulations in trust funds, retirement, and profit-sharing plans, or other arrangements which preclude the use of the property for meeting current needs, will not be considered until such time as the property is actually available

All or any portion of a payment that is considered as income in the month of receipt cannot be considered as a resource in the same month.

EXAMPLE: Ms. Smith has a checking account with a balance of \$750. On March 5, she deposits her regular monthly \$100 Social Security check into it. Since the \$100 she deposited is income for March, it cannot be included as part of the resource (the checking account) for March. Any of the March \$100 remaining in the account as of April 1, however, would then be considered as a resource.

2200 Eligibility Determination

2272 Resources to be Disregarded

2271.1 Verification of a Resource

12/01/97

The countable value of a resource which is not disregarded must be verified. See [TEA 2272](#) for disregarded resources.

2272 Resources to be Disregarded

01/01/24

The following resources are not considered in determining the family's TEA eligibility:

1. The family's homestead. (See [TEA 2272.1](#) for more information regarding the homestead.);
2. One (1) motor vehicle;
3. Household and personal goods;
4. Income-producing real or personal property;
5. Earmarked resources, including but not limited to educational grants, loans, and settlement payments that are intended and used for purposes which preclude their use for current living costs, etc.;
6. Earned Income Credit (EIC) and other tax refunds;
7. Any type of life insurance policy, including the cash surrender value of the policy;
8. One (1) burial plot per TEA family member;
9. Payments made under any federal, state, or local disaster assistance program;
10. Any property or payment required to be disregarded for eligibility purposes according to federal or state statute;
11. When the unit consists of a minor parent and their child, the resources of the minor parent's parent(s) or stepparent;
12. The resources of the spouse of a non-parent relative who is included in the TEA cash assistance unit;



NOTE: If jointly owned, the caretaker relative's pro rata share will be counted.

2200 Eligibility Determination

2272 Resources to be Disregarded

13. Individual Development Accounts (IDA) (Refer to section 3445 of the [DWS TEA Case Management Manual](#));
14. Funds up to ten-thousand dollars (\$10,000.00) placed in an escrow account by a TEA recipient who is engaged in a micro-enterprise work activity;
15. Savings for Education, Entrepreneurship, and Down Payment (SEED) accounts;
16. Achieving a Better Life Experience Accounts (ABLE).

2272.1 The Homestead

07/01/97

A homestead is a house and tract of land which a person considers his home. A mobile home or trailer used as a home will be considered as a homestead, regardless of whether the person also owns the property on which the mobile home is situated.

Only one (1) such tract will be considered a homestead. However, there is no limit to the acreage or number of lots so long as the property is contiguous. Any other dwelling units or apartments on the property will be considered a part of the homestead.

The family must be presently residing on the property or intend to move on to it within a period of six (6) months from the date of application or date of purchase, whichever is later.

If the family ceases to live on the property, it will continue to be regarded as a homestead for a period of six (6) months from the date they left the home or the date of application, whichever was later, provided they intend to return to it. A request to extend the period beyond six (6) months may be approved by the County Administrator, if it is determined that extenuating circumstances exist in the case. Unless the period has been extended, the recipient will be advised that the homestead becomes excess property after six (6) months.

2200 Eligibility Determination

2272 Resources to be Disregarded

If the homestead is sold, the net proceeds received from the sale will be disregarded for a period of eighteen (18) months from the date of the sale provided the casehead intends to apply such proceeds towards the purchase of another homestead. A request to extend the period beyond eighteen (18) months may be approved by the County Administrator, if it is determined that extenuating circumstances exist in the case. When the conditions of the sale of the homestead are such that the proceeds will be received through installment payments, then such proceeds will be disregarded as they are received provided they are applied to the payment of another homestead. Only that portion of the proceeds, whether received in full or through installment payments, which are actually applied towards the purchase of the new homestead may be disregarded. Any remaining amount will be considered according to [TEA 2274](#), items 3 or 4, as appropriate.

EXAMPLE #1: A client receives \$10,000 for his homestead. He re-invests only \$8000 into a new home. Therefore, the remaining \$2000 will be considered a resource.

EXAMPLE #2: A client sells his homestead through an installment payment contract for which the entire balance is not payable upon demand. The monthly payment from the sale is \$200. He uses \$150 from that payment to make the payment on his new home. Therefore, the remaining \$50 will be considered as unearned income.

The casehead will be advised that if another homestead is not purchased within the eighteen (18) month period, then at the end of the eighteen (18) months, the proceeds will be considered a resource if received in full, or as unearned income if received in installment payments (refer to [TEA 2275](#)) beginning with the month after the proceeds first became available. Therefore, an overpayment may occur if the proceeds are not reinvested in another homestead. If a client who is receiving installment payments later purchases another homestead and applies the installment payment to the new home, then that portion applied may be disregarded.

2200 Eligibility Determination

2273 Resources Considered in Full

2273 Resources Considered in Full

07/01/97

Except for property specifically disregarded in [TEA 2272](#) and excess motor vehicles, the equity value of any other real or personal property available to the family will be considered in full. If the family has more than one motor vehicle, then the market value of any additional vehicles will be considered in full.

When a TEA client has joint ownership of a resource, the client's ownership interest and the availability of the resource to the family must be determined. If the resource is available to the unit, the net equity must then be determined.



NOTE: If the jointly held resource is a motor vehicle which is not disregarded, then the market value will be determined rather than the net equity.

Sections [2276 - 2279](#) provide more detailed discussions of real and personal property.

2273.1 Requesting a Legal Opinion on Resource Ownership or Availability

07/01/97

There are situations in which the client's ownership interest or ability to access the resource are not clearly evident. In such situations, it may be necessary to request a legal opinion from the Office of Chief Counsel (OCC).

To request an OCC opinion regarding a resource owned or jointly owned by a member of a TEA family, the following procedure will be followed:

1. The County Office will submit a memorandum to the **Assistant Director, Office of Program Planning and Development (OPPD), Slot S333**.
2. The memo will specify that the request is for a TEA case and will include a complete description of the circumstances surrounding the resource with copies of all documentation (deeds, titles, trusts, etc.) attached.
3. OPPD staff will screen the request to determine if all necessary information has been provided and will research the files to determine if an opinion on the issue

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has been obtained previously. If information is missing, the requesting office will be contacted. Once all necessary information is obtained, the request will be forwarded to the Office of Chief Counsel if it is determined no previously obtained opinions address the issue.

4. Upon receipt of the OCC opinion or upon the determination that a prior opinion addresses the issue, a written interpretation, via memorandum from the Assistant Director, OPPD, will be provided to the requesting county office with a copy to the Office of Field Operations. This memo will be scanned into the TEA electronic record.

2274 Sale of a Resource

07/01/97

The sale of a resource, including disregarded resources, is considered a conversion of one type of resource (property) to another type (cash) except when the terms and conditions of the sale preclude the seller's ability to obtain full payment on demand.

When an individual sells either real or personal property, the amount the individual received for the property and any terms or conditions of the sale will be determined. The net proceeds from the sale (sale price less any outstanding encumbrances and costs related to the sale) will be considered as follows:

1. If the homestead was sold, refer to [TEA 2272.1](#).
2. If the family's only car/truck is sold, the proceeds may be disregarded if the proceeds are applied to the purchase of another car/truck within 30 days of the sale.
3. If full payment was received, apply that amount to the resource limit.
4. If the individual sold the property through an installment contract, then the installment payment, less any amount for which the seller is still obligated to pay on the sold property, will be considered as unearned income.

EXAMPLE: Mr. and Mrs. Warren have agreed to sell five acres of land they are currently buying in another county. The contract they have entered into with the buyer specifies that the buyer will pay them \$200 per month for five years. The Warrens will continue to make payments to the bank on

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the land in the amount of \$150 per month. Therefore, only \$50 of the \$200 payment made to the Warrens will be counted as unearned income.

2275 Excess Real Property

07/01/97

The equity value of any real property not used as a homestead (excess property) will be considered a resource in determining TEA eligibility.

2275.1 Determining Ownership

07/01/97

Ownership may be verified by any of the following:

- Deeds
- Wills
- Contract of purchase
- Other documentary evidence

When two or more persons own an interest in the property, the client's ownership interest and the availability of the property as a resource to the family must be determined (refer to [TEA 2275.3](#)).

Questions of title, ownership, and property interest which cannot be resolved by the County Office may be submitted to the Office of Program Planning and Development, Slot S333, who will request a legal opinion from the Office of Chief Counsel. The memorandum should present the question involved, any relevant facts, with relevant documents (deeds, contracts, etc.) attached. (See [TEA 2273.1](#).)

2275.2 Forms of Ownership

07/01/97

1. Fee Simple Ownership - When property is held in fee simple, the owner has sole ownership interests. He alone (or his legal guardian if mentally incompetent) may sell or transfer ownership interest without conditions imposed by others.

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2275.2 Forms of Ownership

2. Shared Ownership - Shared ownership means that ownership interest in property is vested with more than one person. Shared ownership may be by “joint tenancy”, “tenancy in common”, or, for a married couple, “tenancy by the entirety.”
 - a. Joint Tenancy - In joint tenancy, each of two or more joint tenants has an equal interest in the whole property for the duration of the tenancy. On the death of one of two joint tenants, the survivor becomes sole owner.
 - b. Tenancy-in-Common - In tenancy-in-common, two or more persons have an undivided fractional interest in the whole property for the duration of the tenancy. There is no right to survivorship to a tenancy-in-common.
 - c. Tenancy-by-the-Entirety - Tenancy-by-the-entirety results when a conveyance is made to a husband and wife, whereupon each becomes possessed of the entire estate, and after death of one, the survivor takes the whole. Real estate owned by a married couple by the entirety is marketable only by consent of both parties. When a marriage has been legally dissolved, former spouses become tenants-in-common of the property, and either person can market his half share, unless conditions in the divorce decree specify otherwise.
3. Life Estates
 - a. Life Estates - A life estate conveys upon an individual(s) for his lifetime, certain rights in property. Its duration is measured by the lifetime of the tenant or of another person. The owner of a life estate has the right of possession, the right to use the property, the right to obtain profits from the property and the right to sell his life estate interest. (However, the document establishing the life estate may restrain one or more of the individual’s rights.) He does not have title to the property or the right to sell the property.
 - b. Remainder Interest - When an individual conveys property to another for life (life estate) and to a second person(s) (remainder man) upon the death of the life estate holder, both a life estate interest and a remainder interest have been created in the property. Upon death of the life estate holder, the remainder man will own full title. Several individuals may be designated as remainder men who would hold ownership jointly or in common, as specified by will or deed.

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2275.2 Forms of Ownership

4. Ownership Interest in Unprobated Estate

An individual may have ownership interest in an unprobated estate if he is an heir or relative of the deceased, or has acquired rights on the property due to the death of the deceased, in accordance with a will or State intestacy laws.

5. Dower/Curtesy

State law for Dower and Curtesy gives a spouse an interest in the other spouse's property. When the deceased leaves no will, Dower or Curtesy may be claimed. When the deceased leaves a valid will, a widowed spouse can elect to take against the will when he would have a greater right to Dower or Curtesy than the will provides.

If there are questions regarding the Dower or Curtesy interest, the Office of Chief Counsel will be contacted. A memorandum will be submitted to the **Office of Program Planning and Development, Central Office, Slot S333**. The memo should be from the Program Eligibility Coordinator and should contain a complete description of the circumstances and copies of all pertinent documents. When requesting an opinion, indicate whether or not there are direct descendants (children, grandchildren, etc.)

6. Rights to Use

An individual may have ownership of certain property rights such as:

- a. Mineral Rights - A mineral right is an ownership interest in certain natural resources which are usually obtained from the ground such as coal, sulfur, petroleum, sand, natural gas, etc.
- b. Timber Rights - Timber rights permit an individual to cut and remove freestanding trees from property owned by another. A life tenant also has certain timber rights in keeping with good husbandry.
- c. Easement - An easement is a property right whereby one has the right to use of the land of another for a special purpose.

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2275.2 Forms of Ownership

- d. **Leasehold** - A leasehold conveys to an individual, at the owner's will and usually for an agreed rent, the control of property for a definite period of time. It does not designate rights of ownership. Leaseholds may be carved out of life estates.

2275.3 Determining Value of Ownership Interest

07/01/97

In determining the equity value (i.e. current market value less encumbrances) of real excess property, the type of ownership, the number of additional owners, and the individual's actual ownership interest must all be taken into consideration.

1. **Fee Simple Ownership (Sole Ownership)** - If the individual is the sole owner of excess property and has the right to dispose of it, the equity value of the property is a countable resource.
2. **Shared Ownership** - If the excess property is jointly owned by two or more individuals, the equity value of the property is charged to the individual in proportion to his ownership interest.
 - a. **Joint Tenancy** - The property's equity value is divided by the number of owners in proportion to the ownership interest. When the individual's ownership interest plus other countable resources exceed the resource limit, determine if the individual is free to sell his interest. If the other owners will not consent to selling the property, then the property will not be considered a countable resource. If they will sell, the property will be counted.
 - b. **Tenancy-in-Common** - The property's equity value is divided by the number of owners in proportion to the ownership interest of each to determine the individual's ownership interest. The value of the individual's interest will be considered a countable resource, regardless of the other owners' desire to sell.
 - c. **Tenancy-by-the-Entirety** - The property's equity value is divided by 1/2 to determine the individual's ownership interest. If the individual's spouse is willing to sell the property, then it will be considered a countable resource. If the spouse will not sell, then the property is not considered

2200 Eligibility Determination

2276 Determining Market Value and Net Equity of Real Property

3. **Life Estate or Remainder Interest in Non-home Property** - The values must be determined in accordance with State Law and State Actuary Tables. The county will determine the value of the property in which the person has the life estate/remainder interest and route all the information to the Central Office for a determination on the value of the interest. A memorandum from the ES

Supervisor and all information gathered will be sent to the **Office of Program Planning and Development, Slot S333**.

4. **Ownership Interest Held in Unprobated Estate** - An individual's ownership interest in an unprobated estate is considered to be a resource. Ownership interest is determined by dividing the equity value of the property by the number of heirs.

The costs of settling the estate including funeral expenses, payment of mortgages and other debts, attorney fees, etc. will be deducted from the value of the whole estate before determining the individual net interest. A knowledgeable source estimate of these costs may be used in making the determination if the actual costs are not known.

Once probate proceedings are initiated, the property will be considered inaccessible until probate is completed.

5. **Rights to Use** - Mineral rights, timber rights, easements, or leaseholds may all be countable resources if they have a cash value available to the individual. However, in many cases, none of the above are salable and, therefore, would not be a countable.

2276 Determining Market Value and Net Equity of Real Property

07/01/97

The market value of real property is determined by obtaining an estimate of current market value from a knowledgeable source. Knowledgeable sources include:

- Real estate brokers.
- Local office of the Farmer's Home Administration (for rural land).

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2277 Personal Property

- Local office of the Agricultural Stabilization and Conservation Service (for rural land).
- Banks, mortgage companies, and similar lending institutions.
- County Agricultural Extension Service (for rural land).
- Tax assessor of the county in which the property is located. If this source is used, then the assessed value must be multiplied by the county multiplier 5 to arrive at the market value.

The estimate should be written, signed and dated, and have enough information so the source can be identified.

The client is primarily responsible for obtaining the estimate. However, if requested, assistance to obtain a free estimate will be provided.

Only the net equity in the property is considered. Net equity is determined by subtracting the value of any liens, mortgages, or other encumbrances from the market value. If the market value of the property exceeds the \$3000 resource limit (alone or with other countable resources), then the amount of any encumbrances will be verified.

2277 Personal Property

07/01/97

Personal property is property other than real property and consisting primarily of liquid assets. Ownership of personal property can be in the same form as real property. The following sections describe more commonly held types.

2277.1 Cash and Money on Deposit

07/01/97

Cash on hand and money on deposit, less the amount received during the month and counted as income, is a countable resource.

Cash on hand includes amounts that the individual has on his person and amounts that he has at home. Money on deposit may be in a bank, savings and loan, credit union, or other financial institution.

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Jointly Held Bank Accounts with Non-SSI Recipients

If joint ownership exists, then the amount considered to be owned by each of the joint owners will be a prorata amount rather than the full amount. If it is determined that the TEA client does not actually own the funds in a jointly held account, then none will be considered a resource to the client.

When a TEA client has a bank account with a non-SSI person, ownership of the account must be determined prior to determining whether it is a resource to the client. This applies equally to all situations in which at least one of the persons named on the account is a non-TEA person whose resources are not considered.

A person is considered as the owner of funds in a bank account if that person earned, received, or was given the funds. As this relates to married couples, for TEA purposes, it is normally presumed that both husband and wife are joint owners of funds in a jointly held bank account. However, this presumption does not preclude ownership by just one. When there is written documentation, clearly establishing that joint ownership is not intended, then ownership by just one may be determined to exist.

Ownership may be verified by:

- written statements from the persons whose names are on the account (primary method) or,
- through collateral contacts.

EXAMPLE: Mr. and Mrs. Jones are currently separated but still have a joint savings account with a balance of \$1500. Joint ownership does exist, so one half, or \$750, will be considered to be owned by each one. Therefore, \$750, Mrs. Jones' share, will be considered a countable resource.

Jointly Held Bank Accounts with SSI Recipients

Any funds in a jointly held bank account which are being considered in determining an SSI recipient's eligibility are not considered in determining TEA eligibility. This applies to all situations in which a TEA client's name is on a bank

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account with an SSI recipient, including situations in which the SSI recipient is the TEA client's child or spouse.

Any funds not being considered for SSI purposes will be considered for TEA purposes according to the above section.

SSI policy presumes that all funds in a bank account which is jointly owned by an SSI recipient and another person belong to the SSI recipient. The SSI recipient may rebut this presumption if some or all of the funds belong to the other person. However, unless the SSI recipient successfully rebuts the presumption, then SSI will consider all of the funds in the account for SSI purposes. In that case, none of the funds are considered for TEA purposes even if the TEA client's name is on the bank account.

When a TEA client's name is on any type of bank account with an SSI recipient, it will be presumed that all of the funds in the account are being considered for SSI purposes. It is not necessary to verify with SSI whether the bank account funds are being considered for SSI purposes unless the TEA client advises that SSI is not considering all of the funds, or the amount in the account would appear to cause SSI ineligibility if considered. In either of those situations, the worker will verify with SSI whether the funds are being considered in determining the SSI recipient's eligibility.

Except in the above two situations, it is not necessary to verify with SSI whether the bank account funds are being considered for SSI purposes. It will be presumed that they are being considered for SSI and therefore, will not be considered for TEA.

2277.2 Trust or Restricted Accounts

07/01/97

A trust or restricted account is one in which monies are held by a person (trustee) for another (beneficiary) with specific instructions for withdrawal.

Trust funds which are legally available to help meet a TEA family member's needs must be considered a countable resource.

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Trusts which have, as the only restriction, the requirement of prior court approval are considered accessible until a formal request for withdrawal has been made to the court and the court has formally denied the request.

Trusts which are not accessible to meet the individual's basic needs (e.g. the court has denied a withdrawal request) are not considered in determining the family's TEA eligibility.

If there are questions concerning the accessibility of a specific trust account, the pertinent trust documents and other information describing the situation should be sent to the **Assistant Director, Office of Program Planning and Development, Slot S333** for review and request of an Office of Chief Counsel opinion, if necessary.

If a trust is determined to be inaccessible, it will be reported to the Third Party Liability Unit as a third party resource for Medicaid purposes if the individual is Medicaid eligible. In this situation, the family should be advised that the trust will be considered a third party resource.

2277.3 Motor Vehicles

07/01/97

One car or other mode of personal transportation owned by the family is totally disregarded, without regard to its market or equity value. The market value of any other vehicle is counted in full. The vehicle with the highest market value will be the disregarded vehicle.

If the customer wishes to challenge the value determination made by the County Office, he or she will be given the opportunity to submit at least two appraisals from knowledgeable sources. The County Office will decide which appraisal to accept.

Any one of the following value determination methodologies may be used in arriving at the market value of vehicles used for personal transportation:

- NADA Used Car Guide (excluding value of optional equipment)

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- Knowledgeable sources such as a local dealer or auto insurance company
- County personal property tax office

2277.4 U.S. Savings Bonds

07/01/97

A U.S. Savings Bond is an obligation of the Federal government which is nontransferable. These bonds are normally owned by the owner(s) shown on the front of the bond.

If bond ownership is shared, each person's share as a resource is equal, even though any one of the owner's listed on the bond may dispose of it.

2277.5 Stocks and Bonds

07/01/97

Shares of stock represent ownership in a corporation. Stock value is determined by the closing price.

Verification of stock value may be made by consulting the financial section of a newspaper for stock that is listed in either the New York or American stock exchange. For stocks not listed on either exchange, that is "over the counter", the bid price is used to determine market value. If these bids are not listed in the newspaper, a local securities firm may be contacted to obtain the price.

2277.6 Other Types of Personal Property

07/01/97

Any other available property not specifically disregarded is counted as a resource. (See [TEA 2272](#) for disregarded resources.)

2300 Income Eligibility and Payment Determination

2310 Persons Whose Income Must be Determined and Verified

2300 Income Eligibility and Payment Determination

04/08/19

The family must be economically needy which means, in part, that the family's countable income is below the Income Eligibility Standard established by the state.

If income and all other requirements are met, then the monthly cash assistance payment is determined. This is based on the family size and the family's total countable income.

The following sections describe how to determine what income is countable and how to calculate it, the Income Eligibility Standard, and how to determine the payment amount.

2310 Persons Whose Income Must be Determined and Verified

07/01/1997

The income of all persons included in the assistance unit must be determined. This includes all adults, children, and minor parents. In addition, the income of a non-SSI parent or step-parent living in the home is always considered in determining the children/step-children's eligibility even if such parent or step-parent is not included in the unit as an eligible member.

All income which is considered in determining eligibility for TEA benefits will be verified. Unless considered questionable, income which is disregarded need not be verified.

2320 Potentially Eligible for Other Income Benefits

12/06/11

If any member of the family appears to be potentially eligible for any other benefit which would provide additional income to the family (e.g. Unemployment, SSI, etc.), the applicant will be required to apply for such benefit and provide verification of the application.

2300 Income Eligibility and Payment Determination

2330 Unearned Income

Once it is verified that application for the benefit has been made, TEA benefits will not be denied or delayed pending a decision on the application. The case should be added to the worker's "To Do" list in ANSWER to check on the status of the application.

The worker should be alert to the potential eligibility of a child for Social Security benefits from a deceased parent or a non-custodial parent with a disability.

Verification of Unemployment Insurance (UI) benefit applications may be obtained by inquiring to the WESD screen.

2330 Unearned Income

06/04/2004

Unearned income is generally money paid to or on behalf of an individual which does not represent any type of payment for work or services rendered by an individual.

Except for that specifically disregarded in [TEA 2331](#), unearned income received by a TEA family member is considered in determining the family's eligibility and payment amount.

The following are possible sources of countable unearned income:

1. Pensions, annuities, insurance benefits, Social Security, Railroad Retirement, Veterans' Benefits, military allotments, Teachers' Retirement, State Retirement, and Worker's Compensation.
2. Payments received for the rental of rooms, dwelling units, buildings, or land. Taxes, any interest paid on the property's loan principal, and the expense of upkeep may be deducted.
3. Interest, dividends, and income from capital investments.
4. Payments from estates, trust funds, or other personal property which cannot be converted into cash because of legal provisions.
5. Child support payments.



NOTE: Child support payments are counted only for purposes of income eligibility. They are not counted for purposes of determining the payment amount.

6. That portion of the income of an alien's sponsor that must be deemed available to the alien. (See [TEA 2330.1-2330.2](#)).

2330.1 Income of an Alien's Sponsor

06/01/04

Section 212(a)(4)(C) of the Immigration and Naturalization Act (INA) requires that an alien who enters the United States seeking permanent residence under one of the criteria listed below must have a sponsor. A sponsor is defined as any person who executed an affidavit of support (INS Form I-864) on behalf of an alien as a condition of the alien's entry into the United States.

A sponsored alien may be:

- an immediate relative, admitted under INA, section 201(b)(2)(A)(i), of a U.S. citizen or a lawfully admitted as a permanent resident alien. An immediate relative is defined as a spouse, a child under 21, parent of a sponsor who is at least age 21; or
- a family based preference alien, admitted under INA section 203(a), who is a married or unmarried adult son or daughter or a sibling of an adult U.S. citizen or lawfully admitted alien for permanent residence, or the spouse and unmarried minor and adult children of the principal sponsored alien under INA 203(d); or
- an employment based preference alien admitted under section INA 203(b) who is a relative of an individual who owns at least 5% of the petitioning entity.

When an individual has sponsored an alien, then a portion of the sponsor's income must be deemed available to the alien until the alien:

- becomes a U.S. citizen; or

2330 Unearned Income

- has worked, or can be credited with, 40 qualifying quarters of work (excluding any quarter after December 31, 1997 in which the alien received SNAP, Medicaid, TANF or SSI).; or
- departs the U.S. permanently or dies.

2330.2 Computing Deemed Income of an Alien's Sponsor

06/01/04

To determine the amount of the sponsor, or his or her spouse's, income that will be deemed to the alien, the Case Manager will:

1. Determine the sponsor's gross monthly earned income and deduct 20% up to \$175, of the gross.
2. Add any unearned income to the gross earned after the 20% deduction.
3. Deduct the 100% standard or the Federal Poverty Level for the same family size as the sponsor and those persons living in the same household whom the sponsor claims as dependents for federal income tax purposes and who are not included in the TEA assistance unit. (Refer to Medical Services (MS) Manual, [Appendix F](#) for a current Federal Poverty Level Chart)
4. Deduct any amounts actually paid by the sponsor to persons not living in the same household who are claimed by the sponsors as dependents for federal income tax purposes.
5. Deduct any alimony or child support payments paid to persons not living in the same household.
6. The amount remaining after all allowable deductions will be included as unearned income in the alien's TEA budget.

When an individual is the sponsor of two or more aliens, the amount of the deemed income will be divided equally among the sponsored aliens. Any income deemed to a sponsored alien will not be considered in determining the need of other non-sponsored members of the alien's family except to the extent the income is actually available.

2331 Unearned Income to Disregard

04/08/19

The following types of unearned income are not counted in determining a family's TEA eligibility or payment amount:

1. Supplemental Security Income (SSI) benefits and other income of SSI recipients/eligibles. This includes individuals who do not receive an SSI payment due to an increase in income that exceeds the SSI benefit level but are receiving Medicaid in an SSI category. These individuals are:
 - a. Widows or Widowers with a disability who would be eligible for SSI if the 1984 Reduction Factor Increase and any subsequent COLAS were disregarded (MS B-343).
 - b. Widows or Widowers over age 60 with a disability (MS B-344). (Categories 31 and 41)
 - c. Pickle Eligibles (MS B-342).
 - d. Widows and Widowers with a disability and Surviving Divorced Spouses who have a disability (MS B-345).
 - e. Adult Children with disabilities (MS B-346). (Categories 31 or 41).
2. Educational assistance/awards. This includes student loans, grants, scholarships, incentives, work study, etc. Such assistance may be from a governmental entity (federal, state, or local) or from private agencies or organizations.
3. Incentives, reimbursements, or any other payment made from TEA funds resulting from participation in work activities.
4. Assistance from other agencies and organizations which is based, in whole or in part, on financial need. Such assistance includes, but is not limited to: subsidized HUD housing, including utility allowances; payments for rehabilitative services or training, including sheltered workshop payments; Home Energy Assistance Program (HEAP) payments; and cash payments from churches or other charitable organizations for rent, food, or other basic needs.
5. Bona fide loans from any source (e.g. bank, any other establishment engaged in the business of making loans, or an individual).

2300 Income Eligibility and Payment Determination


2331 Unearned Income to Disregard

A loan is considered bona fide if it meets any of the following conditions:

- a. There is a written agreement to repay the money within a specified time, or it was obtained from an individual or establishment engaged in the business of making loans; or
 - b. The borrower acknowledges the obligation to repay (with or without interest); or
 - c. The borrower expresses intent to repay either by pledging real or personal property or anticipated income. It is not necessary that the loan be secured solely by specific items of collateral such as real or personal property. It is only necessary that the borrower express the intent to repay the loan when funds become available in the future and indicate that repayment of the loan will begin when future anticipated income is received.
7. Any cash contribution from a friend or relative.
 8. Lump sum payments. This includes insurance settlements, a single payment intended to cover a period of time (such as a Social Security lump sum), and other one-time payments which exceed the Income Eligibility Standard. (Such payments are considered as resources in the month of receipt.)
 9. Earned Income Tax Credits (EITC) and other tax refunds.
 10. Inconsequential income. This is defined as income which is less than \$5 per month. It may be received on a regular or irregular basis and may be from any source. An example of such income would be interest income paid on a small savings account which amounts to less than \$5 per month.
 11. Irregular income. This is income that is not received on a regular basis and is usually not predictable. Such income may be of any amount and may be from any source. An example of such income would be a cash gift given to a family member for a birthday or other special occasion.
 12. Emergency or disaster assistance payments made by any federal, state, or local agency or entity.
 13. Payments made directly to landlords and other vendors on behalf of the family.
 14. Federal or state foster care board payments.
 15. Any type of income which must be disregarded according to federal or state statute. See the Note below.

2332 Verification of Unearned Income

16. When the unit consists of a minor parent and his or her child, the income of the minor parent's parent(s) or stepparent.
17. The income of the spouse of a non-parent relative who is included in the TEA cash assistance unit.

 **NOTE:** At any time there is a question as to whether a particular payment may be disregarded under Item #14 above, the pertinent documents concerning the payment should be submitted to the **Office of Program Planning and Development, Slot S332** for a determination. This information should include the specific federal or state statute under which it is believed the disregarded treatment is required.

2332 Verification of Unearned Income

12/01/1997

Verification will normally be by documentary evidence obtained from the source of the income or through computer matches, or inquiry to system screens, with the agency providing the income, e.g., WESD screen for Unemployment Insurance (UI) benefits. For unearned income which is disregarded, the worker may, at his/her discretion, verify the income to ensure that it is properly disregarded.

2333 Computation of Monthly Unearned Income

12/01/1997

If unearned income is received more frequently than once per month, the monthly income is computed as follows:

- If received weekly, the weekly amount will be multiplied by 4.334 for the monthly amount.
- If received bi-weekly, the bi-weekly amount will be multiplied by 2.167.
- If received semi-monthly, the semi-monthly amount will be multiplied by 2.

If the amount of unearned income fluctuates from month to month, then an average of the past two months will be computed.

2340 Earned Income

12/01/97

Earned income includes wages, salaries, tips, commissions, and any other payment resulting from labor or personal service. Generally, if the person is working as an employee, FICA taxes are withheld from earned income. Earned income also includes income from self-employment.

Most earned income is considered in determining a family's TEA eligibility. However, in certain situations that are specified in the following sections, earnings are not counted.

2341 Earned Income to be Disregarded

12/06/11

Earned income received in the following situations is not counted in determining the family's TEA eligibility:

1. Earnings received by a family member in an On-the-Job Training (OJT) placement.
2. Earnings received by a family member in a Subsidized Employment placement.
3. Earnings received by a family member participating in WIA (Workforce Investment Act).



NOTE: OJT and Subsidized Employment wages are not counted for income eligibility in relation to the Income Eligibility Standard. However, such earnings are considered for purposes of determining whether the payment will be the full amount or the 50% amount. (See [TEA 2360](#).)

2300 Income Eligibility and Payment Determination

2342 Verification of Earned Income

EXCEPTION: OJC income received by a family member participating in the WIA program is disregarded for both eligibility and payment amount for TEA purposes.

4. Earnings from any source received by a non-head of household minor parent or a child member of the family.
5. In-kind earned income.
6. When the unit consists of a minor parent and his or her child, the income of the minor parent's parent(s) and stepparent.
7. College Work Study earnings.
8. The income of the spouse of a non-parent relative who is included in the TEA cash assistance unit.
9. That portion of earned income from self-employment which is deposited into a Micro-enterprise escrow account.

2342 Verification of Earned Income

07/01/1997

Verification of earnings from employment may be by any one, or a combination, of the following:

- check stubs
- pay slips
- collateral contact with the employer.

Sufficient verification should be obtained so that the actual income of the employee can be determined. The worker should not automatically assume that one check stub accurately reflects earnings for an entire month. The latest two months' verification should be required so that an average monthly earnings amount can be determined. For cases in which the individual has recently started employment and two months' verification is not available, the income should be computed from the best information available.

Verification of earnings from self-employment may be by any one, or a combination of, the following:

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2343 Computation of Monthly Gross Earned Income – Employee

- Federal Income Tax Return
- purchase, sales, and account books
- any other source which establishes the source and amount of income.

As soon as an individual is known to be engaged in a farming, business, or other self-employment enterprise, he should be advised of the necessity of keeping accurate records so that his income can be determined.

2343 Computation of Monthly Gross Earned Income – Employee

07/01/1997

The gross earned income amount which will be used to determine eligibility is an estimate of the amount which the individual can reasonably be expected to have available in the next month(s).

The estimate of monthly earnings is usually based on the assumption that the earnings received in the most recent months are reflective of the earnings which will be received in the current and following months. In most situations, the estimate will be an average of the latest two months' gross earnings. However, in some situations, such as when the client has just started employment or has had a change in pay rate or hours, this assumption will not hold true. Therefore, the estimate of monthly earnings must be based on the latest information which is available at the time the earnings are being computed.

Gross monthly earnings will be computed as follows:

Determine the average gross pay per pay period. Any advance EIC payments paid to the employee with his regular earnings are excluded.

- If earnings are paid weekly, multiply the weekly gross by 4.334 for the monthly amount.
- If paid bi-weekly, multiply the bi-weekly amount by 2.167.
- If paid semi-monthly, multiply the semi-monthly amount by 2.

2300 Income Eligibility and Payment Determination

2343 Computation of Monthly Gross Earned Income – Employee

In some situations, the average pay per pay period cannot be determined based on the latest two months' earnings because the client has not yet worked a full two months, or a change has occurred within the past two months which has affected current earnings. In these situations, another method which will give a more accurate reflection of the client's earnings should be used to obtain an average pay per pay period. The following examples describe methods which could be used in some typical situations. The actual method used, however, is at the discretion of the worker.

Employment Started Within Past Two Months

EXAMPLE #1: Ms. Smith reports on May 22 that she started working on May 14. She received one paycheck on May 18 for three days of work. The checkstub shows she worked 15 hours at \$5.15/hour. An employer's statement is obtained which shows she is expected to work 25 hours per week at \$5.15/hour and will be paid weekly. Her monthly gross earnings are computed based on the employer's statement, as follows: \$5.15 (hourly wage) X 25 (number of hours expected to work per week) = \$128.75/week X 4.334 = \$558.00.

EXAMPLE #2: Ms. Jones has received five paychecks since she started working part-time on May 31. She provides all five checkstubs. The stub for her first check, which was for the pay period ending June 1, shows earnings for eight hours at \$5.15/hour. Since this first check was for only two days of work (4 hours/day), it will be excluded when determining the weekly average. The other four checkstubs are averaged to arrive at a weekly pay period average of \$104 X 4.334 = \$450.74 monthly gross.

Change Occurred Within Past Two Months

For purposes of this section, a "change" in the earnings amount does not include changes due to normal fluctuations in the number of hours worked or amount paid, or short-term temporary changes such as working an extra shift one week because another employee was sick. It does include changes in hourly wage, moving from part-time to full-time status or vice versa, obtaining or losing a second job, etc.

2300 Income Eligibility and Payment Determination

2343 Computation of Monthly Gross Earned Income – Employee

EXAMPLE #3: Ms. Doe received a raise from \$5.15/hour to \$5.25/hour on her March 16 paycheck. She continues to work the same number of hours. She is paid bi-weekly so the last four consecutive check stubs are used to determine an average number of hours worked per pay period. Her monthly gross earnings are then computed as follows: $\$5.25$ (new hourly wage) \times 30 (average number of hours) = $\$157.50$ (bi-weekly earnings) \times 2.167 = $\$341.30$.

EXAMPLE #4: Ms. Wilson had been working on an “as needed” basis and had been averaging 10 hours/week. On April 24, she was put on regular employee status and her employer expects her to work about 30 hours/week. Her hourly wage remains the same at \$5.50/hour. Her gross monthly earnings are computed as follows: $\$5.50$ (hourly wage) \times 30 (new number of hours expected to work) = $\$165$ (weekly earnings) \times 4.334 = $\$715.11$.

EXAMPLE #5: Ms. Jones has been working part-time for one employer for several years. In July, she begins another part-time job in addition to the first job. An average of her last eight consecutive paychecks from the first job is determined and multiplied by 4.334 for monthly gross earnings of $\$325.05$. A statement from the second employer is obtained which shows Ms. Jones is expected to work 15 hours per week at \$5.15/hour. Based on this information, her monthly gross earnings from the second job are computed to $\$334.80$. The monthly earnings from the two jobs are then added together for a total monthly gross earnings of $\$659.85$.

As stated earlier in this section, the worker should use a method which gives the most accurate reflection of earnings and should document the case record as to why the method was selected.

The earnings computation will be documented in the case record.

2344 Computation of Earnings from Self-Employment

3/15/00

Like employee earnings, the monthly amount of self-employment earnings which must be considered is the agency's best estimate of earned income which will be available to the individual in a month or months. Costs directly related to producing the income are subtracted from the self-employment gross. Only those costs without which the income could not be produced will be subtracted. Such costs do not include depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment and payments on the principal of loans for capital assets or durable goods.

Also, income deposited in a Micro-enterprise escrow account will be deducted from the self-employment income prior to computing monthly gross earnings.

For room and board income, a standard \$120 per roomer/boarder will be subtracted as the cost related to producing the income.

Self-employment earnings are usually not as predictable as employee earnings and are often received less frequently than monthly. Therefore, in most situations, a time period longer than two months should be used to determine average monthly self-employment earnings.

Income Received Less Frequently Than Monthly (Quarterly, Annually, Etc.)

Income of this type may include farming (including soil bank and related diversion payments), cattle ranching, business, or any other type of self-employment enterprise in which the income resulting from work performed over a period of time is received at one time rather than during the period in which the work is being performed.

The first step in computing monthly gross earnings in these situations is to calculate the gross annual income for the previous calendar year. If available, the individual's Federal Income Tax Return may be used to determine the annual income and the amount of costs related to producing the income. The annual allowable costs are subtracted from the gross annual income. The remainder is

2300 Income Eligibility and Payment Determination

2344 Computation of Earnings from Self-Employment

then divided by 12 to arrive at an average monthly amount. This figure is treated gross earned income.


EXAMPLE: After expenses, Ms. Smith earns \$1200 annually from farming. This amount prorated over 12 months equals \$100/month. Therefore, \$100 gross earnings would be considered for TEA purposes.

If the previous year's income is not a fair reflection of the current year's income, the worker may determine, by averaging recent months or other means, an amount which will fairly reflect the current year's income. The case record should be documented to clearly reflect the manner in which the income was determined and the basis for considering it a fair reflection of the current year's income.

Income Received Monthly or More Frequently (Weekly, Daily, Etc.)

Income of this type may include room and board payments, baby-sitting, sales from Avon, Tupperware, etc., or any other type of self-employment in which the income is received at least monthly as the work is performed.

The first step in computing monthly gross income in these situations is to determine an average monthly gross based on the latest two month's income. Verification of the latest two months' gross income and costs related to producing the income should be obtained. After allowable self-employment costs are subtracted from the monthly gross, an average of the latest two months will be determined to arrive at the monthly gross earnings which will be used to determine income eligibility.

 **NOTE:** A standard \$120 per roomer/boarder will be subtracted as the allowable costs for producing room and board income.

EXAMPLE: Ms. Woods sells Tupperware products and provides copies of her last two months' order invoices. These show her total sales and the items she had to purchase such as hostess gifts, receipt books,

2300 Income Eligibility and Payment Determination

2350 Income Eligibility Determination

etc. For each month, her total gross income from sales less the costs related to producing the income is determined. These amounts are then averaged to arrive at a monthly gross earnings amount of \$250.

If the latest two months' income is not a fair reflection of the individual's current income, then another method to determine the average monthly income may be used (e.g., an average of more than two months' income). The case record should be documented to clearly reflect the manner in which the income was determined and the basis for considering it a fair reflection of current income.

The self-employment income computation will be documented in the case record.

2350 Income Eligibility Determination

01/04/1999

Once the family's countable monthly gross income is computed, then their income eligibility can be determined.

2351 Income Eligibility Standard

01/01/2023

The Income Eligibility Standard is the same amount for all family sizes and is used to determine both initial and on-going income eligibility.

Countable unearned income plus net earned income (gross minus certain deductions specified in [TEA 2352](#)) is compared to the Income Eligibility Standard. If the total countable income exceeds the Standard, the family is ineligible for TEA benefits.

The Income Eligibility Standard is \$513 per month.

2352 Earned Income Deductions for Income Eligibility

01/04/1999

Before the monthly income is compared to the Income Eligibility Standard, certain deductions are allowed from the monthly gross earnings. These deductions are:

1. Work-Related Deduction (20%) - This deduction is to account for withholding taxes and other mandatory work-related withholdings from gross earnings. Applicants receive only this deduction.
2. Work Incentive Deduction - Recipients who start or continue work while receiving TEA benefits receive both the 20% work-related deduction and this 60% incentive deduction. The purpose of the incentive deduction is to encourage recipients to find employment or to increase their earnings while receiving assistance.

2353 Determining Income Eligibility

12/06/11

To determine the family's income eligibility, an Income Eligibility budget is computed in ANSWER. The income for each household member is keyed in the member section. The household member, the source of income, and the verification obtained for the income, will be documented in ANSWER.

The following sections outline the Income Eligibility Budget for applicant families and for recipient families.

2353.1 Applicant Income Eligibility Budget

01/01/2023

1. Compute the family's countable unearned income.
2. Compute the family's monthly countable gross earned income.
3. From the monthly gross earnings, deduct 20% of the gross amount to arrive at the monthly net earnings. (May multiply the gross earnings by 80%.)
4. Add the net earnings to the unearned income to arrive at the monthly countable income. Compare the total monthly countable income to the Income Eligibility Standard of \$513.

2300 Income Eligibility and Payment Determination

2360 Payment Determination

5. If the income is equal to or less than \$513, then the family meets the income requirement, and the eligibility and payment determination will continue (see [TEA 2360](#)).
6. If the income is over \$513, then the family is ineligible, and the application will be denied.

EXAMPLE #1: Ms. Jones has one child, and their only income is a \$125 per week Unemployment Insurance benefit. Their monthly countable income is computed to be \$541.75. This exceeds the Income Eligibility Standard of \$513 so the application is denied due to income.

EXAMPLE #2: Mr. and Mrs. Miller have two children and no unearned income. Mr. Miller is currently employed for only a few hours per week (10 hours) at \$11.00/hour. His gross monthly earnings are computed to be \$476.74. When the 20% work-related deduction is applied to the gross earnings, it results in net countable earnings of \$381.40. Since this is below the \$513 standard, the family is income eligible.

For applicant families who are income eligible, the earned income deductions available to recipients should be explained so that the adult is aware that assistance will not automatically be terminated if he or she finds a job or increases his or her earnings.

2353.2 Recipient Income Eligibility Budget

01/01/2023

1. Compute the family's countable unearned income.
2. Compute the family's monthly countable gross earned income.
3. From the monthly gross earnings, deduct 20% of the gross amount (May be computed by multiplying the gross earnings by 80%.)
4. From the amount arrived at in Step 3, deduct 60% to arrive at the net countable earnings.
5. Add the net earnings to the unearned income to arrive at the monthly countable income.
6. Compare the total monthly countable income to the Income Eligibility Standard of \$513.
7. If the income is equal to or less than \$513, then the family continues to meet the income requirement and the payment will be determined (see [TEA 2360](#)).
8. If the income is over \$513, then the family is no longer eligible.

2300 Income Eligibility and Payment Determination

2360 Payment Determination

EXAMPLE #1: Ms. Adams who is receiving benefits for herself and two children has started working at a local plant. She works 30 hours a week at \$11.00 per hour. Her gross monthly earnings are \$1430.22. Her income eligibility budget is computed as follows: $\$1430.22 \times 80\% = \$1144.17 - \$686.50$ (60% of \$1144.17) = \$457.67. Since the net countable income of \$457.67 exceeds the Income Eligibility Standard of \$513, the family is no longer income eligible.

EXAMPLE #2: Mr. Turner has started working part-time and his monthly gross earnings are computed to be \$953.48. The Income Eligibility budget is as follows: $\$953.48$ (gross earnings) $\times 80\% = \$762.78 - \457.66 (60% of \$762.78) = \$305.00 which is less than the \$513 standard. The family remains income eligible.

2360 Payment Determination

01/04/1999

Once all eligibility requirements have been established, including income eligibility, then the family's monthly payment amount is determined.

The payment amounts are based on nine payment levels according to family size. The maximum payment a family may receive is the payment level for the particular family size.

All eligible TEA family members (as defined in [TEA 2201](#)) will be included in the family size for payment except a child who is not eligible for payment due to the family cap provision. (See the Discussion regarding the family cap below.)




2361 Maximum Payment Levels

12/06/11

The payment levels by family size are as follows:

Family Size	Maximum Amount
1	\$ 81
2	\$162
3	\$204
4	\$247
5	\$286
6	\$331
7	\$373
8	\$415
9 or more	\$457

FAMILY CAP: The family cap provision prohibits payment to a child who is born while the mother is receiving TEA benefits, either for other children or as a minor child herself.

-  **NOTE A:** The family cap provision does not affect the child’s potential Medicaid or SNAP eligibility.
-  **NOTE B:** A child who was previously excluded for payment due to the family cap provision but the family’s case has been closed continuously for at least six (6) months may be included for payment upon reapplication.
-  **NOTE C:** A child who was excluded for payment under the AFDC family cap waiver as of July 1, 1997 will continue to be excluded for payment under TEA unless the case is closed continuously for six (6) months. In addition, a child who was excluded under the AFDC waiver but whose mother’s AFDC case had been closed for less than six months prior to July 1997 will be ineligible for payment if a TEA application is submitted and approved within the six (6) month period following the AFDC closure.

2300 Income Eligibility and Payment Determination

2362 Reduced Payment – Gross Income Trigger

2362 Reduced Payment – Gross Income Trigger

01/01/2023

The payment amount for the family size will be reduced by 50% when the family's countable monthly gross income, excluding assigned child support payments, is equal to or more than \$1026. If the reduction does not result in a whole dollar amount, then it will be rounded down if the remaining cents are \$.49 or less, and up if \$.50 or more.

EXAMPLE #1: Mr. and Mrs. Smith have two children. Mr. Smith has a disability and receives both Social Security and SSI disability benefits. Mrs. Smith and the two children receive a total of \$150/month SSA benefits. Since Mr. Smith is a SSI recipient, he is excluded from the family size for payment and his income is not considered. Only Mrs. Smith and the two children are included. They are income eligible, based on the \$513 standard, so their payment is determined as follows. The monthly gross income of \$150 is less than \$1026 so their payment is the maximum grant for a family size of three (3) or \$204.

EXAMPLE #2: Ms. Brown has received TEA benefits for one month for herself and one child. She has now found a job and is expected to earn \$1200 gross per month. After allowing the recipient earned income deductions (20% of the gross and then 60%), she is income eligible based on the \$513 income standard. The payment is then determined as follows: Gross countable income (\$1200) exceeds \$1026 so the Browns' payment is 50% of the maximum for a two-person family, or \$81.

The payment determination showing the number of persons included in the grant, the family's gross income, and the grant amount will be documented in the case record.

When a family's payment amount reduces to the 50% amount, the worker should discuss possible alternatives to continuing to receive cash assistance with the case head. It should be explained that even though the payment has been reduced, the time limit count is continuing. Therefore, it may benefit the family in the long-term to terminate cash assistance while the family's gross income is at the \$1026 or above level rather than continue to receive the reduced TEA payment. It must be emphasized that the decision

to close the cash assistance at this time is strictly the client's and he or she should not be made to believe that the cash assistance case must be closed.

2363 Drug Screenings

08/01/16

In accordance with Arkansas Act 1205 of 2015, drug screenings of TEA and Work Pays applicants and recipients will be conducted during the eligibility determination and redetermination (Reassessment) phase of the application process. The drug screenings will be used to determine whether there is reasonable cause to believe the applicant or recipient engages in illegal drug use. Drug testing results will be kept confidential.



NOTE: The TEA and Work Pays drug screening and testing program is separate from any employer required drug screening and/or drug testing.

2363.1 Drug Screening Questionnaire Requirements

08/01/16

Applicants and recipients will be required to submit a completed Drug Assessment Questionnaire (DAQ) as part of the eligibility determination or redetermination process.

2300 Income Eligibility and Payment Determination

2364 Exemptions From Drug Screening and Testing

Refusal and/or failure, without good cause, to submit a completed Drug Screening Questionnaire will result in denial of the application or case closure.

The Drug Assessment Questionnaire process can only be initiated after it has been determined that the household meets all other TEA eligibility requirements.

2364 Exemptions From Drug Screening and Testing

08/01/16

The following individuals are exempt from the drug screening and testing requirements:

1. A dependent child under the age of 18.
2. A non-head-of-household minor parent who lives in the home of the minor parent's parent, legal guardian, or other adult relative described in TEA 2122.1.

EXCEPTION: A minor-parent will not be exempt from the drug screening requirement if the minor parent is a head-of-household minor parent. (Refer to TEA 2120.1).

3. An individual participating in the Career Pathways Program or Community Investment Initiative under the TEA and Work Pays Programs.

2365 Cooperation with Drug Testing and Plan of Action Requirements

08/01/16

If the Drug Assessment Questionnaire indicates a reasonable suspicion that the individual has engaged in the illegal use of drugs, the applicant/recipient will be required to take a drug test. DCO will notify The Division of Workforce Services (DWS) via a task in ANSWER and an email to ADWSTANFFamilySupport@Arkansas.gov that the individual's DAQ indicated the use of illegal drugs. DWS will then coordinate with the individual for drug testing and treatment. DCO will be notified via task in ANSWER of the individual's drug testing and treatment participation status.

Refusal and/or failure to cooperate with drug testing will result in a reduction in benefits. The benefits will be reduced by dropping the non-participating adult from the case. The case will then be processed with a designated protective payee in place. A

2300 Income Eligibility and Payment Determination

2400 Work Activity Participation

protective payee will be designated for the household in accordance with instructions at TEA 4231.1.

EXCEPTION: A protective payee will not be appointed to a single-parent Work Pays case. Work Pays cases will be closed if a single parent refuses or fails to cooperate with drug testing requirements.

DWS will notify DCO of the results of the drug test via task, and;

1. If the result of the drug test is negative, DCO will process the application with full benefits, with no protective payee designee.
2. If the result of the drug test is positive, DWS will coordinate with the individual to create a Plan of Action (POA), which will include a substance abuse evaluation to determine the appropriate treatment plan and/or recovery support group or resource.
 - a) If the individual cooperates with the POA, the application will be processed with full benefits.
 - b) If the individual fails to cooperate with the POA, the application will be processed with reduced benefits, and a protective payee will be designated




NOTE: If the participant is a single-parent Work Pays applicant/recipient, close the case. Refer to the exception at TEA 2365.

2400 Work Activity Participation

12/06/11

All able-bodied adult family members are required to work or participate in work activities which are designed to lead to employment. In addition, all minor parents, including a minor parent whose child is excluded for payment due to the family cap provision, are required to participate in educational activities as their work participation requirement. There are limited exceptions to this. (Refer to section 3405 of the [DWS TEA Case Management Manual](#) .)

TEA employment services are available to all adult family members.

-  **NOTE:** A non-parent adult caretaker who has chosen to not be included as an eligible member is not required to participate in work activities.


2400.1 Referral to DWS

12/06/11

A referral to DWS will be made upon approval of the TEA application. The individual will be referred with a work participation status of:

- Mandatory, or
- Exempt, child under the age of three (3) months.

DCO will not determine any other deferral reason for the adult.

-  **NOTE:** If the case closes due to a work activity noncompliance and the client reapplies, a referral will be made to DWS for compliance prior to approval. DWS will notify the county if the client complies. If the client complies, the case will be approved at the appropriate payment level (full payment if another sanction is not involved.) If the applicant does not comply, the application will be denied.

2500 Application Disposal

2510 Application Approval/Certification

2500 Application Disposal

07/01/1999

A TEA application will be disposed of by approval, denial, or transferring the application to another county. The following sections describe the procedures for each process.

2510 Application Approval/Certification

07/01/1999

A TEA application will be approved, or certified, only after all eligibility requirements have been established.

In addition to documentation of all eligibility requirements, including income, resource, and budget computations, the worker will ensure that the electronic record includes a signed DCO-215, Application for Assistance.

2511 Office of Child Support Enforcement (OCSE) Notifications

12/06/11

Unless a claim of “good cause” has been determined or is pending determination, the OCSE will be notified when TEA assistance is approved for a child who has an absent parent or for whom paternity is not legally established. This notice provides information regarding the child’s non-custodial parent and/or putative father so that the OCSE can start paternity or child support enforcement activities for the family.

The referral to the OCSE is system generated from information keyed by the County Office to the parent tab in ANSWER. A referral will be made on the following persons:

1. The absent parent of any minor child or unmarried minor parent who is not the head of household. If both parents are absent from the home, a referral will be made on each parent.

2500 Application Disposal

2510 Application Approval/Certification



- NOTE:** If the child has a legal father under State law and such father is absent from the home, the referral will be made on the legal father even if the mother states he is not the biological father. In that situation, a memorandum explaining it, with information about the alleged biological father, will be sent to the OCSE.
2. The putative (alleged) father of a child for whom legal paternity has not been established, including a putative father living in the home with the child (see [TEA 2144](#)).

In single parent adoption situations, there is no OCSE referral to make unless the adoptive single parent is absent from the home.

If “good cause” has been determined to exist, no referral to the OCSE will be made on the parent on whom the claim was based. The “good cause” indicator code will be entered on the child’s member record on ACES.

2511.1 Good Cause Claim Pending

07/01/1999

If a “good cause” claim is pending at the time the application is ready to be approved, the approval will not be delayed. Assistance will be authorized in the amount for which the family is otherwise eligible without regard to the good cause claim (i.e., the adult claiming good cause will be included). No OCSE referral on the parent on whom the claim is based will be made while the good cause claim is pending.

Except in situations in which Domestic Violence is not an immediate issue, the following procedure will be followed to ensure that the claim is resolved in a timely manner following certification:

1. On the same day the approval notice is sent, notify the casehead that the corroborative evidence and/or information to conduct an investigation must be provided by a specified date (20th day from the date the claim was made).
2. If the evidence and/or information is not received by the specified date, notify the casehead via DCO-1 that s/he must provide the evidence, or the absent

2500 Application Disposal

2512 Effective Date of Payment

parent information needed for the OCSE referral, within ten (10) days or the cash assistance payment will be reduced by 25% for non-compliance with the Child Support requirements.

For cases involving a more immediate Domestic Violence situation (e.g., family is living in a shelter), the case manager should use discretion in determining time frames for completing the good cause determination.

2512 Effective Date of Payment

07/01/1999

Payment will begin on the first day of the month in which the application is being certified. The initial payment will not be prorated based on the date of certification. The first payment will be for a full month even if the application is certified on the last day of the month.

For purposes of this section, the “month of certification” means the month in which eligibility is determined to exist. See example below.

EXAMPLE: The worker determines eligibility and completes the application process on August 28. After a second party review, the supervisor concurs with the eligibility determination and it is keyed to ANSWER on September 1. The first month of payment will be for August and it will be a full month’s payment.

2513 Application Approval - Completion Steps

00/00/00

The following specific steps will be taken to complete a TEA application approval:

1. Ensure the narrative contains sufficient documentation of all eligibility requirements and computations and other pertinent information so that the family’s circumstances and all determinations will be clearly understood by a supervisor or other reviewer.

2500 Application Disposal

2520 Application Denial

2. Key the approval in ANSWER. The child support referral will be system generated to OCSE upon approval.
3. Complete Form DHS-3350 for referrals to appropriate agencies for requested services.
4. Make any other necessary referrals to agencies or organizations to help meet a specific family need such as housing assistance.
5. If there are any requirements still outstanding, such as a child support “good cause” claim pending or providing verification of school enrollment or immunizations, have the case added to the worker’s To-Do List in ANSWER or other county office control system to ensure the outstanding issues are resolved in a timely manner.
6. In situations in which a system generated approval notice is not sent, complete form DCO-1 to notify the casehead of the approval and grant amount.

If the family also applied for SNAP and Medicaid and those applications are still pending, the worker will continue processing those applications.

2520 Application Denial

12/06/11

An application will be denied when: (1) ineligibility due to a particular eligibility requirement is determined; (2) eligibility cannot be established due to the lack of documentary evidence needed to establish an eligibility requirement; or (3) the applicant requests the application be withdrawn.

When denying an application, the worker will:

1. Ensure that all pertinent information regarding the reason for denial is documented in ANSWER so that it will be clearly understood by a supervisor or other reviewer.
2. If the reason for denial is withdrawal, obtain a written statement from the applicant requesting withdrawal, if possible. If the applicant does not request the withdrawal in writing, then send Form DCO-1 advising the applicant the application will be denied in ten (10) days at his/her request.
3. Complete Form DHS-3350 to make any referrals for services requested by the applicant.

2500 Application Disposal

2521 Transferring an Application to Another County

4. Key the denial in ANSWER using the appropriate denial code.
5. If a system generated notice of denial is not sent, complete Form DCO-1, *Notice of Action*, to advise the applicant of the denial.

2521 Transferring an Application to Another County

12/06/11

If an applicant has a pending application and moves out of the county, transfer the application to the county in which the applicant now lives.

2521.1 Responsibility of Transferring County

12/06/11

When an applicant moves out of the county in which the application was taken and reports it to that county, the county will:

1. Deny the application using denial reason code 053, Transferred to Another County.
2. Change the address.
3. Change the county.
4. Re-register the application using the original application date.
5. Transfer the application in ANSWER.
6. Send an email to the receiving county's Program Eligibility Coordinator and County Administrator notifying them of the transfer.
7. Document all pertinent information in ANSWER.

2521.2 Responsibility of Receiving County

12/06/11

When an applicant moves out of the county in which the application was taken and reports it to the receiving county, the receiving county will:

1. Deny the application using denial reason code 053, Transferred to Another County.
2. Change the address.

2500 Application Disposal



3. Change the county.
4. Re-register the application using the original application date.
5. Transfer the application in ANSWER.
6. Schedule the interview with the applicant. It is not necessary to obtain a new application.
7. Process the application in the normal manner. Every attempt will be made to process the application within the 30-day time limit from the original date of application.
8. Document all pertinent information in ANSWER.

2600 Referring TEA Cases to DWS

Referrals to DWS

2600 Referring TEA Cases to DWS

Referrals to DWS

12/06/11

During the interview, the DCO Eligibility Worker will explain to the client that upon approval a referral will be made to the Department of Workforce Services (DWS) for case management services. The referral will be made via a task in ANSWER. The DWS Case Manager will perform all case management activities in accordance with the [DWS TEA Case Management Policy Manual](#).

2620 Reapplication after Closure

01/02/18

If a participant whose case has been closed due to non-compliance reapplies for TEA, a referral will be made to DWS. The county office will hold the application until DWS notifies the county of the client's participation status.

For cases closed due to non-compliance:

- If the applicant does not participate in his or her assigned work activity for two weeks, the TEA application will be denied.
- If the applicant participates in his or her assigned work activity for two weeks, the application will be approved for full payment.

For cases closed due to another reason while under a non-compliance sanction:

- If the applicant fails to comply in his or her assigned work activity, the case will be opened at the reduced payment level the individual was receiving when the case closed.
- If the applicant participates in his or her assigned work activity, the application will be approved for full benefits.

The worker will make the referral to DWS via a task. An email may be sent along with the task but is not required. On the DCO-191, Request for Information, under "Other Information," the worker will write, "You will be contacted by DWS and given an opportunity to participate in an assigned work activity for two weeks." DWS will contact the client when the task is received.

4000 Continuing Eligibility

4050 Timely (Advance) and Adequate Notices for Reduction, Hold, or Termination of Assistance

4000 Continuing Eligibility

12/06/11

The Division of County Operations has a continuing responsibility to provide assistance for eligible participants as adequately as funds will permit and to insure that no ineligible recipient continues to receive assistance.

DCO and the participant have the responsibility to insure that information upon which a participant's eligibility is based is current and complete.

During follow-up contact with the TEA participant, the Eligibility Worker and Case Manager will ensure that the requirements in the following sections continue to be met.

4050 Timely (Advance) and Adequate Notices for Reduction, Hold, or Termination of Assistance

12/06/11

When the County Office proposes to terminate, reduce, or hold the assistance payment or change the payee to a protective payee, a "timely" and "adequate" notice (DCO-1 or system generated) will be mailed or given to the participant prior to the date of the action.

"Timely" or an "advance" notice is one which is mailed at least ten days before the date of action, that is, the date upon which the action would become effective; except that in instances of probable fraud, the notice is timely if it is mailed at least five days before the date of action. Day one is considered the day following the day the notice is sent.

"Adequate" is a written notice that includes a statement of what action the agency intends to take or has taken, the reasons for the intended agency action, the specific policy supporting such action, an explanation of the person's right to request a hearing, and the circumstances under which assistance is continued if a hearing is requested.

If an Administrative Hearing is not requested within the advance notice period, then the action will be taken. If a hearing is requested within the advance notice period, the eligibility worker will forward a copy of the DCO-1 to Appeals and Hearing, Slot N401, and the action will be delayed pending the hearing unless the participant specifically requests assistance not be continued pending the hearing.

4000 Continuing Eligibility

4051 When a Timely (Advance) Notice is Not Required

4051 When a Timely (Advance) Notice is Not Required

07/01/97

Advance notice is not required when:

1. The agency has factual information confirming the death of the TEA payee and there is no relative to serve as the new payee.
2. The agency receives a written statement signed by a participant that he no longer wishes assistance; or that gives information which requires termination or reduction of assistance, and the participant has indicated that he understands the consequences of supplying such information.
3. The participant has been admitted or committed to an institution, thereby rendering him ineligible.
4. The participant has been placed in a Long Term Care Facility (LTCF).
5. The participant's whereabouts are unknown and agency mail directed to him has been returned by the Post Office indicating no known forwarding address. The participant's check must be made available to him if his whereabouts become known during the payment period covered by the returned check.
6. A participant has been accepted for assistance in a new jurisdiction (another state) and that fact has been established by the jurisdiction.
7. A TEA child is removed from the home as a result of a judicial determination or voluntarily placed in foster care by his legal guardian.
8. The participant has been informed in writing at the time of certification that assistance shall automatically terminate at the end of a specific period.
9. The sanction for non-cooperation with child support requirements is imposed following a determination of such non-cooperation by the Office of Child Support Enforcement

In the above situation, an adequate notice is still required. If the participant requests a hearing within 10 days of the date the action was taken, then assistance will be reinstated to its previous level unless the participant specifically requests assistance not be continued pending the hearing; and except when the reason for closure is reaching the time limit.

4100 Non-Work Participation Eligibility Requirements

12/06/11

4101 Periodic Reviews

4101.1 Time Limited Cases

12/06/11

During Employment Updates and other periodic contacts with the participant, the DWS Workforce Specialist will ensure that participants continue to meet eligibility requirements that are subject to change (e.g., child in the home, income, etc.). If it is determined that a family's circumstances have changed, DWS will notify DCO and continued eligibility will be determined. The participant will be also be reminded of his or her responsibility to report changes within 10 days

4101.2 Non-Time Limited Cases

12/06/11

Cases that are not subject to the time limit will be reviewed on a yearly basis. Form DCO-190, TEA/Work Pays Reevaluation, will be sent to the household to complete. Non time-limited cases may also be reevaluated during the SNAP recertification or when the semi-annual report is completed.

4110 Resources

07/01/97

Newly acquired resources should be reported to the county office within 10 days of receipt. Resources will be verified according to the same standard used to determine original eligibility. If the total countable resources available to the unit are over the limit of \$3000, the TEA case will be closed. A timely notice will be required prior to case closure.

4120 Income

12/06/11

The DCO Eligibility Worker or DWS Case Manager will discuss income changes during periodic contacts with the participant. The participant will be advised that he or she must report changes within 10 days.

Income and eligibility will be redetermined only when a significant change occurs.

A significant change is defined as:

1. A new job.
2. A change in hourly rate or salary.
3. A status change from part-time to full-time and vice versa.
4. Loss of a job.
5. Start or termination of an unearned source of income.

When a change in income is due to termination of employment or a reduction of earnings, the DWS worker will determine the reason for the change to ascertain whether it meets the requirements of good cause (Refer to section 3800.2 of the [DWS Case Management Manual](#)). Verification of a change in income is required.

A decrease in payment or case closure requires a timely notice. If the case remains eligible but the payment increases, an adequate notice will be sent.

In certain situations, extended support services may be authorized when a TEA case is closed due to earnings (Refer to [TEA 5100](#) and section 3660 of the [DWS Case Management Manual](#)).

4120.1 Recomputing Income

01/01/2023

When a family reports a significant change in income, the budget will be recomputed to determine the family's continued eligibility.

1. If the net countable income exceeds \$513 (Income Eligibility Standard), the family is no longer eligible (See Example #1; Refer to [TEA 2353.2](#)).
2. If the net countable income does not exceed \$513 and the **gross** countable income does not exceed \$1026, the assistance payment will remain the same (See Example #2; Refer to [TEA 2353.2](#)).

4100 Non-Work Participation Eligibility Requirements

4130 Household Composition

3. If the net countable income does not exceed \$513 but the **gross** countable income exceeds \$1026 the assistance payment will be reduced by 50% (See Example #3; Refer to [TEA 2362](#)).

EXAMPLE #1: Mrs. Jones receives \$286/mo. assistance for herself, husband and three children. Mr. Jones started to work, and his monthly gross earnings computed to be \$2000. The income eligibility budget is as follows: \$2000 (gross earnings) x 80% = \$1600- \$960 (60% of \$1600) = \$640. Since the net countable income of \$640 exceeds the Income Eligibility Standard of \$513, the family is no longer eligible.

EXAMPLE #2: Mr. Thomas receives assistance for himself and one child (\$162). He started to work, and his monthly gross earnings computed to be \$1025. The income eligibility budget is as follows: \$1025 (gross earnings) x 80% = \$820 - \$492(60% of \$820= \$328. Since the net countable income is less than the Income Eligibility Standard of \$513, the family remains eligible. The assistance payment (\$162) remains the same because the gross earnings (\$1025) are less than \$1026.

EXAMPLE #3: Mrs. Hill receives assistance for herself and two children (\$204). She has found employment and her monthly gross earnings are computed to be \$1250. The income eligibility budget is as follows:

\$1250 (gross earnings) x 80% = \$1000- \$600(60% of \$1000) = \$400, which is less than the \$513 standard. The family remains income eligible. Since the gross income is greater than the \$1026 (refer to [TEA 2360](#)), the assistance payment is reduced by 50%. The new assistance payment will be \$102.00.

Even if the family remains eligible, the participant may choose at any time to have his or her case closed. The worker should discuss this option with a participant who becomes employed, since each month of receipt reduces the number of months, he or she may receive benefits in the future.

4100 Non-Work Participation Eligibility Requirements

4130 Household Composition

4120.2 Child Support Income Exceeds Assistance Payment

01/01/2023

The Office of Child Support Enforcement sends the TEA family any current monthly child support collected which is in excess of the TEA payment. A printout is sent to the County Office stating that the child support exceeds the TEA payment. If the total child support collected, alone or with other countable income, exceeds the Income Eligibility Standard of \$513, action to close the case will be taken. If the family remains eligible, however, then contact will be made with the participant to discuss options, or alternatives to cash assistance which could benefit the family. The contact can be by phone, in writing, or during in person contacts with the participant.

When the child support income exceeds the assistance payment, but the family remains income eligible, the participant will be given the following options:

- Close the TEA case and receive the full child support. Explain to the participant that the child support payment is more than the TEA payment and even though a partial child support payment is being received, the limited months of TEA are continuing to count. Also, explain that Medicaid may continue and if the absent parent stops paying, reapplication for TEA can be made.
- Continue to receive TEA and the partial child support payments. Explain to the participant that if this option is chosen, the payments will continue to count toward the time limitation.

It will be the participant's decision as to which option is chosen. If there is no response from the participant, no further action will be taken on the case.

EXAMPLE: The family's TEA payment is \$204/mo. The absent parent is paying \$220 per month in child support. OCSE is sending the participant \$16. It would be to the family's benefit to close the TEA case and receive the child support in full. The time limit clock would stop at this point. If the reapplies in the future, the time limit will pick up from where it previously ended.

Whichever option is chosen, the caseworker should re-determine the family's Medicaid eligibility. The family may be eligible for three (3) months of extended Medicaid due to child support income or may be eligible in another Medicaid category. Please refer to [Medical Services \(MS\) policy](#).

4100 Non-Work Participation Eligibility Requirements

4130 Household Composition

4130 Household Composition

07/01/97

An eligible child must be living in the home in order for a family to continue to be eligible for TEA. Family members must continue to live in the home with the child for continued individual eligibility.

Changes in household composition could result in individuals being added, dropped, or the case closed.

4131 Family Cap Provisions - Newborns

12/06/11

A child who is born while the mother is receiving TEA cash assistance either for other children or as a minor child, herself, will not be included in the case for cash assistance purposes. In addition, a child who is born within nine (9) months of the month TEA benefits were terminated to the mother will not be included for payment unless the mother's case has been closed continuously for six (6) months.

This provision applies equally to applicants who are pregnant and deliver after certification, and to participants who become pregnant after certification. There are **no** exceptions. The income and resources of a child excluded due to the family cap are disregarded when determining the family's continued eligibility for and amount of cash assistance.

Since the newborn is not eligible for cash assistance, the father of such newborn living in the home (who is not already included in the assistance unit) will not be added to the unit solely due to the birth of the child. His income and resources will not be considered for cash assistance. However, if he and the mother marry, he will be added (as the stepparent of the child(ren) receiving cash assistance) and his income and resources will then be considered.

The family cap provision does not apply to a child who moves into the home from another home (see [TEA 4132](#)).

4100 Non-Work Participation Eligibility Requirements

4132 Adding Other Individuals

A separate Medicaid determination for the child may be required. Refer to [Medical Services](#) policy. The referral to the Office of Child Support Enforcement will be made in ANSWER.

4132 Adding Other Individuals

12/06/11

A child or other adult who moves into the home and meets all eligibility requirements will be added to the TEA case and will be eligible for payment.

The county will obtain a new DCO-215 in order to obtain information needed to establish the new member's eligibility and the continuing eligibility of other family members.



NOTE: A child to whom the family cap provision has been applied, either under the AWDP waiver or under TEA, will continue to be subject to the family cap provision, unless the case has been closed continuously for a period of six months. In addition, a child who was born within nine months after case closure will not be added unless the case has been closed continuously for six months. This does not apply to a child who was under the family cap but was later added for payment. He or she will continue to be eligible.

Once all eligibility requirements have been established for the new individual, he or she will be added.

4132.1 Procedures for Adding a Person

12/06/11

1. Obtain and record sufficient information to verify all eligibility requirements for the person being added.
2. Complete a new budget in ANSWER to determine the unit's continuing eligibility and grant amount.
3. If appropriate, send notice to the individual advising him or her that a referral will be made to DWS for work activity participation.
4. Complete Form DHS-3350 for referrals to agencies for requested services such as Family Planning Services.

4100 Non-Work Participation Eligibility Requirements

4132 Adding Other Individuals

5. Make any other necessary referrals to agencies or organizations to help meet a specific family need such as housing assistance.
6. If a child is being added for whom cooperation with the Office of Child Support Enforcement is required, provide the casehead an opportunity to claim good cause (DCO-90) prior to requiring his or her cooperation. If good cause is not claimed or does not exist, the referral will be made by adding the absent parent's name to the appropriate section in ANSWER. If good cause is determined to exist, no referral will be made.
7. Submit the budget in ANSWER.
8. In situations in which a system notice is not generated, notify the participant of the action by form DCO-1.

4132.2 Effective Date of Payment

07/01/97

The effective date of payment for the individual will be the first day of the month in which the worker determines the individual's eligibility.

Applications to add people will be processed within 30 days. Benefits will not be prorated. The grant amount will be adjusted based upon one additional assistance unit member and the countable income of that family member.

EXAMPLE: Ms. Jones' son had been living with his grandmother. He moved back to his mother's home on July 22nd. Ms. Jones applied on July 23rd to add her son to her TEA case. She completed the action on July 25th. Ms. Jones currently receives a payment in the amount of \$204 and her new payment amount will be \$247. For the month of July, Ms. Jones will receive an additional \$43 (difference between \$247 and \$204). If eligibility is not determined until August, benefits for her son will start in August. No retroactive benefits will be paid.

4133 Dropping Individuals From the TEA Grant

12/06/11

Individuals who become ineligible for TEA assistance, e.g., die, move from the home, reach the maximum age for a child, will be dropped from the TEA case. The casehead is eligible to receive assistance for the individual for the month in which the change occurs.

In the case of a payee adult who becomes ineligible because he is no longer living in the home, a change in payee will also be made.

When an individual is dropped from the grant, the worker will complete the following tasks:

1. Record pertinent information in the case record.
2. Complete a new budget in ANSWER to determine the family's continuing eligibility and payment amount.
3. Give advance notice (system generated or DCO-1), if necessary. If advance notice is not necessary, notify the participant that the action has been taken via DCO-1 if a system generated notice is not sent.
4. Submit the completed budget.

4134 Marriage of the TEA Parent

12/06/11

When a TEA participant reports a marriage, the worker will:

1. Require an application to add the new spouse to the unit unless the spouse is an SSI participant.
2. Determine if the person married is employed or has any other income or resource.
3. If the family remains eligible, refer the new member to DWS for work participation requirements.
4. Record all pertinent information in the appropriate section of ANSWER.
5. Complete a new budget in ANSWER.

4100 Non-Work Participation Eligibility Requirements

4140 Time Limit

6. Allow the participant an opportunity to complete a Voter Registration Application so that he or she can report an address or name change to the county clerk's office if he or she so chooses (Refer to [Appendix V](#)).
7. In situations in which a system notice is not generated, notify the participant by DCO-1, if appropriate.
8. Submit the budget in ANSWER.

4140 Time Limit

04/01/24

Beginning April 1, 2024, a family who meets all the eligibility requirements may receive Transitional Employment Assistance (TEA) cash assistance benefits for a period of up to twelve (12) months. The twelve (12) months do not have to be consecutive months. The months counted are based on receipt by the adult recipient or "head of household" minor parent.

The time limit does not apply:

- to cases in which the only parent in the home, or both parents if both are living in the home, receives SSI benefits, and therefore, no adult is included in the case;
- in the months in which an individual is deferred or exempt from work activity participation; or
- in the months in which an under the age of eighteen (18) non-head of household minor parent receives cash assistance. The count will begin when the minor reaches eighteen (18) years of age.

The time limit applies to non-parent caretaker's relatives only when such relatives choose to be included in the TEA payment with the child. If a non-parent relative is a payee only, then the time limit does not apply to the case.

The time a child receives assistance will not count toward their time limit when they become an adult.

Payments made by another state under a Temporary Assistance for Needy Families (TANF) program count toward the twelve-month limit in Arkansas if the adult has received more than forty-eight (48) such payments in another state. Only the payments from another state in quantity that is in excess of forty-eight (48) will count toward Arkansas' twelve-month limit.

4100 Non-Work Participation Eligibility Requirements

4141 Time Limit Exemptions, Extensions, Reviews, and Closures

Diversion Assistance payments also count toward the twelve-month limit if not repaid. See [TEA 2130](#).

NOTE: A client may request case closure at any time during receipt of assistance.

During periodic contacts, the Program Eligibility Specialist will inform the client of the number of months of TEA eligibility remaining. The Program Eligibility Specialist should continue to stress to the client the importance of employment because of the time limit.

The Program Eligibility Specialist will explain to the recipient what action will be taken once the twelve-month time limit has been reached. Refer to [TEA 5001](#) for termination procedures. The Program Eligibility Specialist will advise that the TEA case be closed unless it is determined that an extension, or exemption from the time limit, should be granted. See [TEA 4141](#).

4141 Time Limit Exemptions, Extensions, Reviews, and Closures

(Refer to sections 4141 – 4147 of the [TEA Case Management Manual](#)).

4148 Appeal Rights

04/01/24

If the decision is to close the case at the end of twelve (12) months and not allow an extension, the client has the right to appeal that decision through the Appeals and Hearings office. However, benefits will not be continued pending the hearing decision after the twelve (12) months. Retroactive payment may be made if the hearing decision overturns the case closure decision.

4100 Non-Work Participation Eligibility Requirements

4150 Failure to Comply With Non-Work Related Aspects of the PRA

4150 Failure to Comply With Non-Work Related Aspects of the PRA

07/01/99

4151 Child Support

12/06/11

Failure to comply with child support requirements will result in a 25% reduction in the TEA payment.

The Office of Child Support Enforcement (OCSE) will:

- determine if a parent or other adult caretaker relative has failed to comply with child support requirements;
- determine if the client had a satisfactory reason for the act of noncompliance;
- provide the client an opportunity to appeal the non-compliance decision prior to notifying DHS; and;
- impose the non-compliance sanction if a parent or other adult relative fails to comply with child support requirements. (See below)

Child support sanctions will be processed automatically through ANSWER. ANSWER will process sanction request files from OCSE each night, then complete a budget to apply the sanction. WACE will be updated with the new grant amount, and an adequate notice will be system generated. The notice will advise the client of his or her right to request an Administrative Hearing of the payment reduction.

However, the payment reduction is the only appealable issue to DHS. Since OCSE made the non-compliance decision and has already provided the client an opportunity to appeal it, the non-compliance decision is not an appealable issue with DHS.

4151.1 Lifting the Child Support Sanction

07/01/99

A child support sanction may be lifted at any time a parent or other adult caretaker relative complies with OCSE.

If the parent or other adult caretaker relative wishes to have the sanction lifted

4100 Non-Work Participation Eligibility Requirements

4151.1 Lifting the Child Support Sanction

by complying with OCSE:

- a referral will be made to OCSE; and
- notification from OCSE that he or she has cooperated must be received prior to the assistance being restored to the full amount.

If a customer whose cash assistance payment was reduced due to non-cooperation with OCSE, states a willingness to cooperate, and appears at the OCSE office but the reason for non-cooperation was that the customer had previously failed to appear in court, then he or she must actually appear at the next scheduled court date OCSE arranges in order to be fully cooperating. In this situation, the payment will remain at the reduced amount until he or she appears at the scheduled court date. The OCSE will notify the county office of this stipulation when the applicant is first referred to them for cooperation and will follow up with a notice to the county office following the customer's appearance at court.

4152 School Attendance

12/06/11

School attendance is required in order for an eligible child to receive assistance.

For purposes of this section, school attendance relates only to children and not minor parents. (Refer to section 3500 of the [DWS TEA Case Management Manual](#) for minor parent education requirements.)

During the application process, the worker may accept the applicant's statement that all school-age children are enrolled in and satisfactorily attending school. Enrollment and satisfactory attendance will be verified with the school, and documented in the case record, in those cases where it is reported that one or more children in the family has failed to enroll or attend school regularly. Such reports may come from any of several sources including, but not limited to, the school system locally, courts, system-generated reports supplied by the state Department of Education, etc.

"Satisfactory attendance" is defined in accordance with the school's definition of attendance. During periodic contacts with the parent, a declaration of school attendance will be accepted unless attendance appears questionable (e.g. information received from other sources that the child is not attending). Form DCO-65 may be completed by the school to verify attendance. Phone contact or other documentary evidence from the school may also be accepted.

4100 Non-Work Participation Eligibility Requirements

4153 Immunizations

If a child is being home-schooled:

- verification that there is an approved home-schooling application on file with the school superintendent may be required if the client's home-schooling allegation appears questionable.

If the child is not enrolled in school:

- a 10-day notice will be issued to the casehead, stating that the child will be dropped from the TEA case unless verification is received that the child is attending school.
- The unearned income and resources of the child will be counted in determining continued eligibility.
- In order to be added back to the case, verification must be received from the school that the child has attended satisfactorily for a period of 30 days.

4153 Immunizations

07/01/99

Immunizations of pre-school age children is a requirement for Transitional Employment Assistance. Exemptions to this requirement due to religious beliefs or medical problems may be approved as described below.

If a parent was given 30 days to have the children included in the TEA case immunized:

- verification must be provided by the 30th day.
- If the parent does not bring the verification, the worker will issue a 10-day notice stating that unless verification of the immunizations is received, the TEA cash assistance payment will be reduced.
- The family may provide the child's immunization (shot) record or verification from the local health department or physician.
- See Appendix A for the American Academy of Pediatrics Immunization Schedule which identifies the age and type of immunization the child should have.

4100 Non-Work Participation Eligibility Requirements

4153.1 Exemptions Due to Religious Beliefs or Medical Problems

4153.1 Exemptions Due to Religious Beliefs or Medical Problems

07/01/99

A parent or caretaker relative who refuses to have a child immunized because of religious beliefs or because of a medical problem (e.g., allergic reaction) must provide verification that an exemption has been granted by the Arkansas Department of Health (ADH).

To obtain such exemption, the parent must request a Religious Exemption Application or Medical Exemption Application from the Arkansas Department of Health. The address is 4815 West Markham, Little Rock, AR 72205. The toll free telephone number is 1-800-482-5400.

Upon completion, the application must be submitted to the Arkansas Department of Health at the above address for a decision.

The decision will be sent directly to the parent(s) or caretaker relative.

The normal processing time is two weeks. The parent(s) or caretaker relative must provide verification of the decision within 30 days from the date the TEA application is approved or the date in which the child is added to the TEA case (if eligible for payment). Failure to provide such verification will result in the TEA cash assistance payment being reduced after appropriate notice. If, however, a decision remains pending from the Arkansas Department of Health at the end of the 30 days, verification of pending status will be obtained by the applicant from the Health Department and provided to the case worker.



NOTE: Requests can be made only to the Central Office of the Arkansas Department of Health listed above, not to the local health units.

4100 Non-Work Participation Eligibility Requirements

4154 Cooperation with Quality Assurance

4154 Cooperation with Quality Assurance

07/01/99

A family must cooperate with the Quality Assurance Unit if the case is selected for a TEA program review.

Failure to cooperate will cause the entire family to be ineligible. Upon notification from the QA Unit, that a family has failed to cooperate, a 10-day notice will be issued to the family stating that the TEA case will be closed unless cooperation occurs. If the family contacts the office stating a willingness to cooperate, a referral will be made to the Quality Assurance Reviewer. The closure will be delayed pending notification from the QA Reviewer as to whether the client actually cooperated. If the client did not cooperate, then the case will be closed. The client will be notified of the closure but the notice need not be another advance notice.

4200 Non-Eligibility Changes

12/06/11

4200 Non-Eligibility Changes

12/06/11

4210 Change of Address

The participant is responsible for notifying the DCO or DWS within 10 days of any change of address. It is important that the participant be advised of his/her responsibility to report any change of address within 10 days to ensure that the participant will receive appointments, notices, etc. in a timely manner. It is also important that any change of address reported be processed promptly by the County Office.

4210.1 To Change an Address

12/06/11

1. Record all pertinent information in the case record.
2. Key the change in ANSWER.
3. Send a Voter Registration Application to the participant so that he or she can report this change to the county clerk's office if he or she so chooses.

The worker should also be alert for other changes (acquiring or disposing of property, moving from the homestead, change in assistance unit members, change in income, change in food stamp household), which may be indicated by a change of address.

4210.2 Change of Address to Another County

12/06/11

A TEA case will be transferred upon the request of the individual, his authorized representative, or another County Office.

A participant may visit in another county within the state without transferring his case record, if absence from his home county will not exceed one month.

If the absence will exceed one month, the case will be transferred to the county in which the family is located. This is to insure that work participation activities continue.

4200 Non-Eligibility Changes

4220 Absence from the State

The individual will be advised by letter of the action taken and that the service county to which his or her case record has been sent will be contacting him or her.

4210.3 To Transfer an Active Case:

08/26/11

If reported to the receiving county:

1. Change the address in ANSWER
2. Select the new county code.
3. Transfer the open budget.
4. Document pertinent information in ANSWER.

If reported to the transferring county:

1. Change the address in ANSWER.
2. Select the new county.
3. Transfer the open budget.
4. Send an email to the receiving county's Program Eligibility Coordinator and County Administrator notifying them of the transfer.
5. Document pertinent information in ANSWER.

When an active case is transferred, a system-generated task is created in ANSWER notifying the receiving county and DWS that the case has been transferred.

4220 Absence from the State

12/06/11

If a participant is absent from the state for more than one month, the case will be closed and the participant will be advised that he may reapply once he returns to Arkansas.

When the county office receives information that a TEA participant is or will be absent from the state, the worker will ascertain, if possible, the out-of-state address, whether the participant intends to return to Arkansas, and if so, the reason for the absence and the probable length of stay in the other state.

4200 Non-Eligibility Changes

4230 Protective Payment - Mismanagement

If the participant indicates he or she is moving from the state with no intent to return, the TEA case will be closed following the appropriate notice (DCO-1) to the participant.

If the county office is unable to ascertain the out-of-state address or the participant's intention at the time the absence is reported (e.g. neighbor reports, participant sends letter, etc.), then a DCO-1 to close in 10 days will be sent. The DCO-1 will advise the participant that if his absence from the state is only for one month and he wishes his case to remain open, he should contact the county office prior to the end of the 10 days.

4230 Protective Payment - Mismanagement

07/01/97

When there is evidence that the TEA grant is not being used in the best interests of the children, a protective payee to handle the family's cash assistance may be appointed. Protective payment due to mismanagement is intended to be a temporary measure designed to help the participant improve his management and use of money.

If mismanagement is determined to exist and DCFS is not already providing services to the family, a referral to DCFS, or other appropriate services or treatment agency, should be made to help the participant resolve his/her money management problems. If, because of mental or physical incapacity, there is no substantial likelihood a participant will ever be able to manage his own affairs, a protective payment should not be recommended. Such persons should be referred to Legal Services for the appointment of a legal guardian.

4231 Determination of Need for Mismanagement Protective Payment

07/01/97

The case record must clearly reflect the evidence upon which the worker's recommendation for protective payment is based. Such evidence should indicate mismanagement of funds by the participant to the extent that the children are not receiving the benefit of the assistance payment. Examples of such evidence are:

1. Continued inability to plan for necessary expenditures.

4200 Non-Eligibility Changes

4231 Determination of Need for Mismanagement Protective Payment

2. Continued evidence that the children are not properly fed or clothed and that expenditures for them are made in such a way as to threaten their chances for health, growth, and development.
3. Persistent and deliberate failure to meet obligations for rent, food, or other essentials.
4. Repeated evictions or incurrence of debts.
5. Drug abuse even if bills are being met (possibly by another relative).

4231.1 Standards for Selection of Protective Payee

07/01/97

Persons Who May Be Selected As Protective Payee

A protective payee may be a relative, friend, neighbor, or member of a community service group. The person to act as a protective payee should be selected by the participant, or with the participant's involvement and consent to the extent possible. The individual selected to act as payee must:

1. Show an interest and concern for the family.
2. Have the ability to help the family make proper use of the assistance payment.
3. Live near the family or have sufficient means of transportation to enable him to maintain close contact with them.
4. Have the ability to establish and maintain a positive relationship with the family.

Be a responsible and dependable individual, capable of fulfilling his responsibilities to the participant and the agency.

Except for those specified below, a DHS employee may serve as the protective payee when it is determined that it would be in the best interests of the family for a staff member to act as the payee. This would be more appropriate in mismanagement situations than in sanction cases. Therefore, if such a protective payment is determined to be appropriate, then the staff member selected should be a DCFS employee providing protective services to the family.

4200 Non-Eligibility Changes

4232 Authorization of Mismanagement Protective Payment

Persons Who May Not Act As Protective Payee

The following individuals may not be selected as the protective payee:

1. Any landlord, grocer, or other vendor of goods or services who deals directly with the participant.
2. The Director of the Department of Human Services.
3. The Director of the Division of County Operations.
4. The Worker establishing eligibility for the family.
5. Any employee assigned to the Office of Child Support Enforcement.
6. Any employee assigned to the Division of Finance or any employee assigned the function of handling processes related to the participant.

4232 Authorization of Mismanagement Protective Payment

12/06/11

Protective Payment will be authorized by the County Administrator upon recommendation of the Program Eligibility Coordinator or his/her designee.

Form DCO-195, *Request for Protective Payee Approval*, will be used by the county office to recommend a person to act as the protective payee. It will also be used by the County Administrator to authorize a protective payee request.

Once authorization of the protective payee is received, the worker will notify the participant via Form DCO-1 that the TEA payment will be changed to a protective payment. This notice must meet the requirements of a “timely and adequate” notice and will include the name of the protective payee. A case will be created in ANSWER with the protective payee as the casehead.

4240 Designation of Emergency Payee

03/15/98

In emergency situations, payments can be made temporarily to a person acting in place of a parent when no eligible payee is immediately available, provided:

4200 Non-Eligibility Changes

4240 Designation of Emergency Payee

1. The payee has been removed from the home by death, desertion, imprisonment, or confinement to the State Hospital, residential substance abuse facility, or other medical institution.
2. Payments are on a temporary emergency basis for the child(ren) receiving TEA at the time the emergency occurred.
3. Payments are made only for the period of time necessary to make and carry out plans for the child(ren), including the transfer of responsibility for the child to another relative, agency or community program, or for the eligible caretaker relative to return to the home.

No such temporary payment will be made for longer than 90 days.

The county will follow procedures outlined in the EBT handbook for obtaining an EBT card for the emergency payee.

4300 Computer Matching Act of 1988 requirements (IEVS)

05/01/08

The following procedures will be used to verify and take action on information received as a result of a covered computer match.

4300.1 IRS Match Bendex Wage

The IRS match will be processed by the IRS Central Processing Unit. No action is required of the local county office.

4300.2 Bendex Change; SSI Match

For the above matches, information is considered verified upon receipt. A 10-day notice to verify is not necessary; however, the worker will send a 10-day notice of adverse action to the household, if appropriate.

4300.3 ESD Wage, Monthly UI, Quarterly Wage Match

For the above matches, independent verification must occur. However, WESD will be checked as appropriate. A 10-day notice requesting verification will be sent to the household. If the client fails to respond to the 10-day notice, an adverse notice is sent requesting that the client contact the worker within 10 days. If the client fails to contact the worker, the case will be closed at the expiration of the notice period. If the information provided results in a closure or a reduction, a 10-day notice of adverse action will be issued.

4301 Monitoring Process

12/06/11

The Program Eligibility Analyst will conduct a random review of pending applications and cases each month for compliance and provide a report to the Area Director.

The Program Eligibility Analyst assigned to the IRS Central Processing Unit will review a random sample of cases from each match and provide a report to the Area Director.

4301.1 SSN or Name Mismatches (Codes 1 or 5)

12/06/11

1. View the person's Social Security card and obtain a photocopy if one is not already in the case record.

4300 Computer Matching Act of 1988 requirements (IEVS)

4301 Monitoring Process

2. If the number shown on the card is different from the number shown in ANSWER, make the necessary correction to ANSWER and change the enumeration code to "V". The SSN will then be resubmitted to SSA on the next tape.
3. If the name shown on the card is different from the name in ANSWER and the person says the name on the card is correct, change the name in ANSWER to agree with the card and change the enumeration code to "V".
4. If the person says the name shown on the card is wrong, proof of the correct name should be obtained and ANSWER updated, if necessary. An SS-5 with the documents verifying the correct name attached should then be submitted to SSA to correct their records. A DCO-12 should be sent with the SS-5 and documents to ensure that the documents are returned to the county office. The SS-5 and DCO-12 will be annotated by entering the SSN shown in ANSWER, preceded by the state BENDEX code (040), in the appropriate spaces. When SSA's records are corrected, an update will be received via the enumeration process and the enumeration code will be changed automatically to "E".
5. If the name and number on the card agree with the name and number in ANSWER, send a photocopy of the card to the Systems Coordinator, Income Support Section, Central Office.

4301.2 Date of Birth Mismatch

1. View or obtain a copy of the individual's birth certificate or other proof of age
2. If the age documentation shows a date of birth different from that shown in ANSWER, make the necessary corrections to ANSWER and change the enumeration code to "Y." The SSN will then be resubmitted on the next tape.
3. If the age documentation shows that the date of birth shown in ANSWER is correct, submit an SS-5 with the age documentation attached to correct SSA's records. A DCO-12 will also be sent with the SS-5 and documents to ensure that the documents are returned to the county office. The SS-5 and DCO-12 will be annotated as for an original SS-5 by entering the SSN shown in ANSWER, preceded by the state Bendex code (040), in the appropriate spaces. When SSA's records are corrected, an update will be received via the enumeration system and the enumeration code will be changed automatically to "E."

4400 Lost or Stolen EBT Card and Warrant Action

4410 Lost or Stolen EBT Card

4400 Lost or Stolen EBT Card and Warrant Action

4410 Lost or Stolen EBT Card

12/06/11

The county will follow procedures outlined in the EBT handbook for reporting a lost or stolen EBT card and obtaining a new card.

4421 Lost, Stolen, and/or Forged Checks (Reimbursement, Diversion, Relocation)

12/06/11

If a payee notifies the County Office that a diversion check has not been received, the worker will determine:

1. if a check has been issued and mailed.
2. if it has been at least 10 days since the check was issued, mailed, and
3. the current status of the check.

These determinations will be made utilizing the Check Register (RSCR) screen or by contacting the Office of Finance and Administration, Accounts Payable Unit.

4421.1 Procedure for Replacing a Missing Check

10/15/97

1. If a check has not been returned to OFA within ten days of the check issue date, and the payee states he or she has not received the check, the County Office will complete section A of Form DHS-80, Claim of Lost, Stolen and/or Forged Assistance Warrant/Check and issue to the payee at the time the report is received. The County Office will fully explain the purpose and assure completion of all sections of the form. The payee will be responsible for completion of sections B and C. Section B will be completed by a member an appropriate local law enforcement agency. Section C will be completed by the payee in the presence of a Notary Public.

Form DCO-1461, *Surety Bond for Reissuing Checks*, will also be issued to the payee to be returned to the County Office with the DHS-80.



NOTE: If there is a Notary Public in the County Office, all sections of the forms relative to Notary Public may be completed while the payee is in the office (the payee will still be

4400 Lost or Stolen EBT Card and Warrant Action

4421 Lost, Stolen, and/or Forged Checks (Reimbursement, Diversion, Relocation)

- required to have section B of form DHS-80 completed as stated on the form). For completion of Form DCO-1461, the payee must have the individual who will act as Surety present during the visit.
- Forms DHS-80 and DCO-1461 along with a cover memo will be forwarded to OFA-Accounts Payable Unit, Slot W-406, no later than the next working day following submission from the payee.
If the payee cannot secure a Surety, no replacement will be made. Representatives of DHS will not act as a Surety for a payee.
 - Upon receipt of the DHS-80 and DCO-1461, OFA will determine if all necessary information has been submitted. If the forms are not completed correctly or are incomplete, OFA will return the forms to the County Office for necessary action.
 - Upon receipt of the original completed Lost, Stolen, and/or Forged Check forms from the County Office (by mail only), OFA will verify the status of the check. If the check has not been returned or cashed, Accounts Payable will initiate a stop payment if the check is \$15 or over. A stop payment action will not be made for checks which are less than \$15, but such checks will be canceled on the system by OFA. Canceled checks (issued through the Aasis system of less than \$15) will be reissued by the County Office once the Check Register screen shows that the status code has been changed to "X" indicating the check has been canceled on the system by OFA. The County Office will inform the payee to return the original check if it is received. (**NOTE:** OFA will reissue checks of \$15 or more. (See Step #6)
 - If OFA verifies the check has already been cashed and cleared the bank, a copy of the canceled check will be sent to the County Office with a cover memo requesting the worker to contact the payee to determine the status of the check.
If the payee reports not receiving the check or states that the signature does not belong to him or her, the County Office will notify OFA to continue processing the replacement check.
 - OFA will reissue a replacement check to the payee within seven working days from the date the completed forms are received.
If the original check is later found or returned to the payee, he or she is required to return the check immediately to the County Office. The County will accept the check from the payee (write "void" across the check) forward it to OFA, Accounts Payable Unit, Slot W-406, along with a cover memo explaining the circumstances. All identifying information (e.g. payee, casehead if different, check number etc.,) will be included in

4400 Lost or Stolen EBT Card and Warrant Action

4421 Lost, Stolen, and/or Forged Checks (Reimbursement, Diversion, Relocation)

the memo. A copy of both the memo and the voided check will be retained in the County Office.

4421.2 Checks Returned to the Office of Finance and Administration

12/06/11

If a check has been returned by the Post Office to OFA, the following procedures will be followed:

1. Upon receipt of a returned check issued through the AASIS System, OFA will access the Check Register (RSCR) screen and key "U" indicating the check was returned by the Post Office as undeliverable. This means that the check can only be mailed at the County's request.

A system generated report showing such returned checks will be forwarded to the County Office the following day.

2. The County Office will be notified either by phone call or memorandum if a diversion or relocation check is returned to OFA.
3. Upon receipt of the notice of a returned check (or in situations where the payee contacts the County Office regarding the check), the County Office will inquire to the Check Register (RSCR) screen to determine the reason for the return.
4. If the check was returned due to an incorrect address, the County Office will contact OFA by mail or fax with the correct mailing information no later than the following work day and request that the check be re-mailed to the correct address.

4421.3 Mutilated Checks

12/06/11

A check that has been damaged or marred to the point that it cannot be cashed is considered to be mutilated. If a mutilated check is brought to the County Office by the payee, the following procedures will be followed:

1. The mutilated check will be mailed to OFA – Accounts Payable Unit, Slot W-406, along with a cover memo explaining the circumstances surrounding the check and authorizing reissuance.
2. OFA will complete the necessary steps to reissue the check to the payee.

5000 Termination of Cash Assistance

5002 Intentional Program Violation (IPV)

5000 Termination of Cash Assistance

04/01/24

A Case will be closed:

1. When the recipient has requested closure. Advance notice will be given if required (Refer to [TEA 4050](#)).
2. Upon notice of another state agency that the recipient is being certified for assistance in that state.
3. When DHS has factual information that a recipient fails to meet any eligibility requirement.
4. When a recipient has failed to furnish requested information or failed to comply with other Agency procedures necessary to establish their eligibility after specific written notice (DCO-0001 or system generated) that they must do so.

Cash assistance will be terminated at any point it is determined that a family is no longer eligible to receive assistance.

5001 Time Limit

04/01/24

A family which includes an adult is eligible for Transitional Employment Assistance (TEA) cash assistance benefits for a period of not more than twelve (12) months. The twelve (12) months need not be consecutive months.

During periodic contacts with the TEA Case Manager, TEA recipients will be informed of how many months of eligibility they have remaining due to the time limit. The number of months a TEA family has received benefits can be determined via the TEA Time Clock.


Upon completion of the tenth month staffing, a decision to close the TEA case or grant an extension will be made. The TEA Case Manager will advise the client of the decision.

If the decision is to not extend the time limit, the case will be closed when the recipient has received TEA for twelve (12) months. The client may appeal this decision. If the client appeals the decision within ten (10) days of the date of the closure notice, benefits will continue (pending the hearing). Upon actual closure of the TEA case, the TEA Case Manager will send a final notice to the client as a reminder that the TEA case has been

5000 Termination of Cash Assistance

5002 Intentional Program Violation (IPV)

closed.

 **NOTE:** The time limit for TEA eligibility has no bearing on Medicaid Eligibility.

5002 Intentional Program Violation (IPV)

04/01/24

The family of any individual who pleads guilty or nolo contendere to, or is found guilty of, an Intentional Program Violation in the TEA program will be ineligible for further participation in the program for the following minimum time periods:

1. For the first offense: one (1) year.
2. For the second offense: two (2) years.
3. For more than two: permanently.

A ten-day notice will be sent to the client stating that the case will be closed due to an Intentional Program Violation. Also, that the case will remain closed until the resulting overpayment (for example, the total amount of assistance received to which the family was entitled) has been repaid to the State with interest. This requirement may be waived by the Director of the Division or their designee.

Refer to [TEA 8100](#) for detailed policy and procedures concerning IPV Disqualifications.

5003 Earnings Related

04/01/24

At any point it is determined that a family is no longer eligible for TEA benefits due to earnings, the TEA case will be closed. An advance notice of closure will be required. In addition, the family's eligibility for extended support services will be determined. Refer to [TEA 5004](#).

5000 Termination of Cash Assistance


5100 Extended Support Services (ESS)

5100 Extended Support Services (ESS)

12/06/11

Extended Support Services are available to certain families who lose eligibility for TEA due to earnings.

These services are Child Care, ESS Employment Bonus and Transportation assistance, ESS Job Retention, ESS Case Management Services, and Transitional Medicaid.

 **NOTE** : Eligibility for Transitional Medicaid is determined by DCO. Individuals approved for Transitional Medicaid will be eligible for the full range of Medicaid services, including services under the Children's Health Services Program (Refer to MSP 2061). All other ESS services are determined by DWS and DCC. (e.g. child care).

7000 Fraud Investigations

7001 Purpose

7000 Fraud Investigations

7001 Purpose

The Fraud Investigations Unit identifies, investigates, and refers for prosecution any individual accused of committing theft of property or theft of public benefits as defined by state law. This includes agency staff, participants, providers, or other persons who deliberately violate the rules and regulations of DWS to defraud the state. Fraud Investigations prepares the administrative disqualification file on persons accused of committing an intentional program violation.

7002 Organization

The Fraud Investigations Unit is organizationally located within the Office of Chief Counsel, Program Services Section.

7003 Functions

The Fraud Investigations Unit has the following major functions:

1. Review the case record and independently verify information contained in the file to determine if a criminal investigation is warranted.
2. Investigate to gather evidence in cases where there is a probability that a fraudulent act was committed.
3. Refer to the prosecutor if facts are obtained which indicate that the accused person, by deception, received DWS monies/benefits to which he/she was not entitled.

7004 Referral Sources

Reports of suspected fraud may be received from any source within the Department of Human Services, the Department of Workforce Services, the general public, public officials, other public agencies, or by the Fraud Investigations Unit, itself.

7005 Reporting Suspected Fraud

Criteria for reporting suspected fraud:

1. the suspected fraudulent act(s) resulted in a cumulative overpayment of \$200 or more.
2. cases in which the participant is receiving assistance in two or more names, counties or states.

Referrals from DWS sources in which an overpayment has not been established are referred to the Fraud Investigations Unit via the DCO-1700, *Suspected Fraud Report*.

7000 Fraud Investigations

7006 Review of Case

7006 Review of Case

When a referral is made to the Fraud Investigations Unit, the circumstances will be reviewed to determine if the case warrants investigation toward criminal prosecution.

If one or more of the following facts are present, the case will not be referred for prosecution:

1. total amount of the overpayment resulting from the alleged fraud is less than \$500;
2. age/education of the suspect is not conducive to proving criminal intent;
3. statute of limitations has run on all evidence referred;
4. participant is permanently residing out of state.

If one or more of the following facts are present, the decision to investigate lies with the director of Fraud Investigations:

5. fraud is not evident in referred material;
6. fraud resulted from failure to report child support payments;

Cases containing one or more of the above facts may be referred for an Administrative Disqualification Hearing. Decisions will be made on a case-by-case basis as the evidence supporting the case dictates.

7007 Case Accepted for Investigation

The following procedures will be completed for reports of suspected fraud that warrant criminal prosecution:

1. The case record and any other pertinent information concerning the suspected participant will be requested from the local office manager. DHS or DWS offices, sections, and units must release any requested information to the Fraud Investigations Unit.
2. The investigator assigned to the case will:
 - a. examine the case record and/or any other records on file within or outside DHS or DWS for suspected false statements of participants, providers, or other persons;
 - b. conduct a systematic inquiry to determine validity of allegations of criminal conduct and interview DWS Workforce Specialist with knowledge of the case, as well as providers, division staff, and the suspect for any accounts of alleged conduct;
 - c. determine the net amount of the overpayment t within the criminal statute of limitations or within time frames set out in overpayment policy for cases referred for an Administrative Disqualification Hearing;

7000 Fraud Investigations

7008 Disposition of Investigations

- d. examine the TEA profile of the participant to determine applicable overpayment;
- e. prepare a written, documented report at the completion of the investigation for referral to the prosecutor;
- f. complete the DHS-1208, *Hearing Statement*, for referral for an Administrative Disqualification hearing;
- g. administratively close the investigation if, at any stage of the inquiry, the investigative staff determines that the case is not suitable for prosecution or for referral for an Administrative Disqualification Hearing;
- h. notify the DHS or DWS referral source of the disposition of the investigation and return copies of the case record to the appropriate county or local office.

7008 Disposition of Investigations

The Fraud Investigations Unit will notify the local office manager of the initial disposition of each referral.

For cases referred for prosecution, the Fraud Investigations Unit will:

1. request the Prosecuting Attorney to file charges and send a copy of the request to the local office.
2. advise the Overpayment Unit of the factual basis for the overpayment as well as submit overpayment calculation documents.

For cases referred for an administrative disqualification hearing, the Fraud Investigations Unit will prepare a DHS-1208, *Food Stamps Intentional Program Violation* and send to the Overpayment Unit for determination of whether or not the cases should be referred to Appeals and Hearings for an administrative disqualification hearing.

For cases containing a signed DHS-267, *Waiver of Hearing and Disqualification Agreement*, the Fraud Investigations Unit will:

advise the local office and the Overpayment Unit of the facts of the case, send a copy of the DHS-267, and, if negotiated, a copy of the *Repayment Agreement*.

For cases administratively closed, the Fraud Investigations Unit will:

forward a memo to the local office and the Overpayment Unit explaining the reason for the closure. If an overpayment has been calculated, these documents will be forwarded to the Overpayment Unit.

7000 Fraud Investigations

7009 Decision to Prosecute

The final disposition of cases adjudicated by the court will be furnished to the local office manager and the Overpayment Unit by the memorandum from the director of the Fraud Investigations Unit.

7009 Decision to Prosecute

The director of the Fraud Investigations Unit will present the original investigative report of any case deemed worthy of prosecution to the prosecuting attorney. The prosecutor has sole discretion to prosecute, accept repayment in lieu of prosecution, or decline to prosecute.

8000 Administrative Hearings (TEA)

8001 Appeal Process

8000 Administrative Hearings (TEA)

06/08/12

The purpose of the hearing process is to provide a mechanism by which an applicant may appeal the denial of Transitional Employment Assistance (TEA), the failure of the Division of County Operations to process the application within specified times frames, and by which a recipient may appeal any agency action resulting in the suspension, reduction, or discontinuance of assistance. A hearing will not be granted when a change in either State or Federal law requiring automatic grant adjustments occurs unless the participant is alleging incorrect grant computation. A request for a hearing must be received in the Office of Appeals and Hearings (OAH) no later than 30 days from the date on the notice of adverse action.

8001 Appeal Process

06/08/12

A petitioner or his/her designated representative may request a hearing by (1) completing the reverse side of the Notice of Action, (2) making the request by letter to OAH, or (3) completing, with assistance by DCO as needed, a DHS-1200, Appeal for a Hearing Form. The DCO office will assist the petitioner whenever necessary; however, the primary responsibility for providing all information relevant to the administrative appeal rests with the petitioner or his/her representative.

DCO will immediately forward requests for hearings to OAH.

Interpreters or special accommodations needed: If the applicant/recipient indicates that he or she needs an interpreter, material in a different format, or other special accommodations, DCO must immediately notify OAH.

When an appeal is received in OAH, DCO will be notified. A memorandum will be sent to the DCO office to:

1. Provide notification that the appeal has been received,
2. Require DCO to prepare and submit an administrative hearing file no later than seven (7) days after receiving the memorandum, if the appeal was timely filed. The hearing file must contain a County Statement (DHS1203).
3. Require that within three (3) business days of its receipt of the memorandum, DCO will return a copy of the Notice of Adverse Action with the memorandum signed by the responding caseworker if the appeal was not timely filed.

8000 Administrative Hearings (TEA)

8002 DCO Administrative Hearing File

8002 DCO Administrative Hearing File

06/08/12

When OAH notifies DCO that a petitioner has filed a timely request for a hearing, the caseworker will prepare a county administrative hearing file which will be separate from the individual's case record. Each page in the hearing file shall be numbered. A copy of the DCO's administrative hearing file will be submitted to OAH within seven (7) days after receiving the memorandum from OAH.

The DCO administrative hearing file shall contain the part of the case record that constitutes documentary evidence supporting the notice of adverse action from which the petitioner is appealing. The following information must be included in the administrative hearing file:

1. Notice of Action – The file must include all notices sent to the petitioner regarding the action under appeal. The administrative hearing can include only the action specified on the notice of action. The subject of the administrative hearing shall be limited to the action specified in the notice of appeal on which the appeal is based.
2. Documentary Evidence – The file must contain the part of the case record that constitutes documentary evidence relevant to the notice of adverse action on which the individual appealed. Examples of documentary evidence include, but are not limited to: verification obtained which resulted in the adverse action; any relevant correspondence; a copy of the budget (if financial need is the issue); any information supplied by the petitioner; and any other pertinent information.
3. County Statement (DHS-1203) – The file must include a copy of the county statement. The county statement must state the issue and must contain a summary of all facts and evidence supporting the county office's position. All statements should be in simple language. Ambiguous and technical language must be avoided. DHS codes, abbreviations and acronyms should not be used. All information will be provided in an alternative format if requested.

The county statement will summarize the basis for DCO's action. However, the county statement is not evidence. Complete documentation is required in the DCO administrative hearing file to support the county statement.

Five (5) copies of the DHS-1203 will be prepared and distributed to the following within seven (7) days of DCO's receipt of the memorandum from OAH, if the appeal was timely filed:

8000 Administrative Hearings (TEA)

8003. Subpoenas

- The original will be mailed to the petitioner prior to the date of the hearing
- A copy will be sent to the appropriate Program Eligibility Analyst
- A copy will be sent to OAH along with the DCO administrative hearing file
- A copy will be sent to the Office of Chief Counsel
- A copy will be retained in the file at the county office

The petitioner or his or her representative will be advised by OAH that the DCO administrative hearing file can be reviewed at the county office.

8003. Subpoenas

06/08/12

Subpoenas: OAH will provide notice to the parties of the process by which subpoenas may be issued. Each party must provide to OAH the correct name and contact information for any witness for which a subpoena is requested.

At the time the county's administrative hearing file is sent, DCO must advise OAH of any witnesses to be subpoenaed to testify on behalf of DCO. The reverse side of the County Statement provides space for the caseworker to request subpoenas for witnesses. Department employees will attend hearings without the requirement of a subpoena. The caseworker will be advised by OAH of any witnesses for which the petitioner has requested subpoenas. DCO will have five (5) days from receipt of this notice to request subpoenas for rebuttal witnesses.

The Department of Human Services Office of Chief Counsel will issue the subpoenas, pursuant to the terms of agreement and authority of A.C.A §20-76-103. Each subpoena must be served by the party requesting the subpoena.

8004 Continuation of Assistance or Service During Appeal Process

06/08/12

If a petitioner files an appeal for a hearing within the 10 day advance notice period or five days in case of probable fraud, the case will remain open at the petitioner's request until the hearing case is closed by OAH.

At the conclusion of the hearing, the hearing official will decide whether the case should be closed or services reduced prior to the rendering of the hearing decision. The criteria for determining whether adverse action is taken prior to the rendering of the hearing decision will

8000 Administrative Hearings (TEA)

8005 Scheduling the Hearing

be based on whether or not a fact or judgment situation exists. If it is determined that the sole issue is one of state or federal law or policy, the proposed action will be taken.

Examples of issues of fact:

- Verified earned or unearned income which caused net income to be in excess of the maximum income limitations.
- Protest of agency policy – The recipient agrees that his income or resources exceed the limitation but feels that the policy imposing these limitations is unreasonable.

If the sole issue is one of judgment relating to a state or federal law or policy, no adverse action is taken prior to the hearing decision.

Examples of judgment are:

- Disability in MRT cases.
- Value of real or personal property

The petitioner will be advised at the beginning of the hearing that a decision will be made at the conclusion of the hearing regarding whether the benefits will be reduced or terminated prior to the rendering of the hearing decision. If the decision by the hearing official is to reduce or terminate benefits, a Notice of Action will be prepared by DCO and mailed for immediate action. This is not an additional ten (10) day notice.

If a subsequent change occurs that results in adverse action while the hearing decision is pending, and the petitioner does not appeal such action within the ten (10) day notice period, appropriate action will be taken.

8005 Scheduling the Hearing

06/08/12

OAH will schedule the hearing and send a letter to advise the petitioner of the time, date, and place of hearing, and the name of the hearing official who will conduct the hearing.

8006 Place of Hearing

06/08/12

The hearing will normally be held by telephone in the DCO County Office in the county in which the participant resides. The telephone hearing may be held in another location if, in advance of the hearing, the parties agree upon that location and notify OAH. Upon advance request,

8000 Administrative Hearings (TEA)

8007 Assistance in Preparation of Appeal

hearings may be held in the OAH office at 7th and Main Street in Little Rock, Arkansas, or by video conference where available.

8007 Assistance in Preparation of Appeal

06/08/12

DCO will provide reasonable assistance to the petitioner in preparing for a hearing, if requested.

8008 Abandonment of the Appeal

06/08/12

Regardless of whether the petitioner is represented, the petitioner must appear in person for all hearings regarding program eligibility or program services, or show good cause why he or she cannot be present. If any party fails to appear (either in person or by telephone) within fifteen (15) minutes after the hearing was scheduled to begin, OAH will confirm that the party had proper notice of the hearing and will attempt to contact the absent party. The hearing official may allow an additional fifteen minutes before beginning the hearing. When the hearing begins, the hearing official will identify for the record any party not present in person or by telephone. If the petitioner does not appear, the appeal shall be deemed abandoned, subject to reopening on a showing that the appellant exercised due diligence but was unable to appear due to circumstances beyond the petitioner's control. If DCO does not appear, the hearing official may proceed with the hearing and may consider any hearing statements or other documents submitted by the agency.

8009. Withdrawal of the Appeal

06/08/12

If a petitioner advises the county office that he/she wishes to withdraw the request for a hearing, he/she will be requested to sign a statement to this effect or to sign a DHS-1201, Withdrawal of Request for Fair Hearing. DCO will provide this documentation to OAH and to the Office of Chief Counsel (OCC).

8010 DCO Hearing Responsibilities

06/08/12

It is the responsibility of DCO to provide an office with privacy in which a hearing can be conducted as well as necessary telephone and/or computer equipment for hearings by telephone or by video conference.

8000 Administrative Hearings (TEA)

8011 Conducting the Hearing

It is also the responsibility of DCO to designate a county representative prior to the time of the hearing in all cases except those that involve a disability determination by the Medical Review Team. The representative will be familiar with the case and able to answer pertinent questions from the petitioner, the petitioner's representative and the hearing official. The county representative will be prepared to represent the county office at the scheduled time of the hearing to comply with all applicable time frames.

The county representative will ensure that all parties, representatives, and witnesses who have arrived at the DHS County Office or other designated hearing location are escorted to the designated hearings room by the hearing start time. When a hearing is held in the DHS County Office, the County Representative will ensure that the speaker telephone or video conferencing equipment is operational, and that the petitioner is comfortably seated in the room where the hearing will be held.

DCO may request legal assistance to prepare for the hearing and for representation at the hearing by contacting OCC.

8011 Conducting the Hearing

06/08/12

The hearing will be conducted by a hearing officer from OAH. No person having any part in making the decision being appealed may serve as the hearing official.

The petitioner may be accompanied by friends or other individuals and may be represented by a friend, attorney, or other designated representative. DCO will be represented by either the caseworker responsible for the case, the DCO Program Eligibility Coordinator, or OCC.

The hearing officer may not review the case record or other material either prior to or at the hearing unless such material is made available to both the participant or his representative and the agency representative.

The hearing will be conducted in an informal but orderly manner and is recorded. The hearing official will explain the hearing procedure to the parties. The County Statement will be read by the county representative.

The proponent of an adverse action shall have the burden of proof. The party with the burden of proof will present his/her case first.

When the petitioner presents his/her case, he/she may do so alone or with the aid of others. The petitioner or petitioner's representative will be given the opportunity to present witnesses,

8000 Administrative Hearings (TEA)

8012 Additional Medical Assessment

advance arguments, offer evidence, and question or refute any testimony or evidence. If the petitioner is unable to present evidence in an effective manner, the hearing official will assist as necessary to assure that the petitioner's evidence is communicated on the record.

When DCO presents its case, it will be given the opportunity to present witnesses, advance arguments, offer evidence, question or refute any testimony or evidence.

Each party will be allowed to cross examine the other party and any witnesses. Questioning of all parties will be confined to the issues involved. Other eligibility factors may be reviewed when appropriate. When all relevant information has been obtained, the hearing official will issue a Final Order which will include a Finding of Facts, Conclusions of Law, and a Decision. The Final Order will be mailed to the petitioner and a copy provided to DCO.

The parties will also be advised of their right to judicial review in the event of any adverse ruling.

8012 Additional Medical Assessment

06/08/12

If the hearing involves medical issues, such as those concerning a diagnosis, an examining physician's report, or a medical review team's decision, and if the hearing official considers it necessary to have a medical assessment other than that of the individual involved in making the original decision, such a medical assessment must be obtained at agency expense and made part of the record.

8013 Hearing Decision

06/08/12

The hearing official will prepare a Final Order based on the evidence accepted into the record and the sworn record of testimony of the proceedings. The format will include an Introduction, Findings of Fact, Conclusions of Law, and a Decision. The final decision will be made by the hearing official who will sign the Final Order. Final administrative action must be completed within 90 days from the date of receipt of the appeal.

8014 Judicial Review

06/08/12

When the hearing official has rendered a final agency action on a case and the petitioner or representative is not satisfied with the decision, he or she has the right to judicial review under Arkansas Administrative Procedure Act at A.C.A. §25-15-212.

8100 TEA Disqualifications – Intentional Program Violation

8101 Definition of Intentional Program Violation (IPV)

8100 TEA Disqualifications – Intentional Program Violation

07/01/97

A determination of an intentional program violation (IPV) is made either through a court of law or by a hearing officer in an internal hearing process. The internal hearing is known as an Administrative Disqualification Hearing. Penalties in the form of disqualification sanctions are imposed against individuals found guilty of an IPV through a court of law or by a hearing officer in an Administrative Disqualification Hearing.

8101 Definition of Intentional Program Violation (IPV)

07/01/97

An intentional program violation of the TEA Program is defined as an action by an individual for the purpose of establishing or maintaining the family’s eligibility for TEA or increasing or preventing a decrease in the amount of the grant which is intentionally:

1. A false or misleading statement, misrepresentation, concealment, or withholding of facts; or
2. Any act intended to mislead, misrepresent, conceal or withhold facts, or propound a falsity.

An IPV determination can be made only through the Administrative Disqualification Hearing process or by a court of law. County Office staff will not make IPV determinations.

8102 Disqualification Sanction - Intentional Program Violation (IPV)

07/01/97

The family of any individual who pleads guilty or nolo contendere to, or is found guilty of, an Intentional Program Violation in the Transitional Employment Assistance program will be ineligible for further participation in the program for the following minimum time periods:

1. For the first offense, one (1) year.
2. For the second offense, two (2) years.
3. For more than two, permanently.

In addition, the family will continue to be ineligible for TEA assistance until the resulting overpayment has been repaid to the State with interest.

Only IPV’s committed against the Arkansas TEA program will be considered in determining the applicable disqualification period in Arkansas.

8100 TEA Disqualifications – Intentional Program Violation

8103 Fraudulent Misrepresentation of Residence

For cases in which the family is currently receiving assistance, the disqualification sanction period will begin no later than the second month following the month in which the County Office received the decision. For cases in which the family is not currently receiving assistance, the sanction period will begin with the first month following the month the County Office received the decision.

8103 Fraudulent Misrepresentation of Residence

07/01/97

The family of an individual who is convicted in a federal or state court of having made a fraudulent statement or misrepresentation of residence in order to receive assistance simultaneously from two (2) or more states will be ineligible to receive Transitional Employment Assistance for a minimum period of ten (10) years beginning with the date of such conviction.

In addition, the family will continue to be ineligible for TEA assistance until the resulting overpayment has been repaid to the State with interest.

8120 TEA Administrative Disqualification Hearings

07/01/97

The Appeals and Hearings Section of the Office of Chief Counsel (OCC) conducts TEA Administrative Disqualification Hearings and determines if intentional program violations have occurred.

Administrative Disqualification Hearings will be conducted by a hearing officer who has no involvement in the case.

8120.1 Criteria for Conducting an Administrative Disqualification Hearing

07/01/97

Administrative Disqualification Hearings are conducted when documentary evidence is available to substantiate one or more allegations that an individual has committed an intentional program violation(s) and, as a result of the alleged IPV, has erroneously obtained TEA payments.

A case will not be referred for a TEA Administrative Disqualification Hearing if the total TEA overpayment resulting from the alleged IPV is less than \$400 unless the case is also being referred for a Food Stamp Administrative Disqualification Hearing. If the case is referred for a

8100 TEA Disqualifications – Intentional Program Violation

8121 Referral by the Overpayment Unit

Food Stamp Disqualification Hearing and there is also a TEA overpayment, then it will be referred for a TEA Disqualification as well, regardless of the amount of the TEA overpayment.

8120.2 Consolidation of Hearings

07/01/97

TEA Administrative Disqualification Hearings may be combined with other hearings, including Food Stamp Disqualification Hearings, if the factual issues arise out of the same or related circumstances, and the individual receives prior notice that the hearings will be combined. If hearings are combined, the time frames for conducting Administrative Disqualification Hearings will be followed unless the household waives the 30-day notice requirement for a disqualification hearing.

8120.3 Participation in the TEA Program During the Hearing Process

07/01/97

The County Office may not disqualify an individual until the Appeals and Hearings Section finds that the individual committed an intentional program violation. However, this does not preclude the County Office from taking adverse action for other reasons.

EXAMPLE: If a change in circumstances has occurred which will adversely affect a TEA grant and such change was not reported timely, benefits will be reduced based on the change even though a determination has not been made as to whether the failure to report resulted from an intentional program violation.

8121 Referral by the Overpayment Unit

07/01/97

A request for an Administrative Disqualification Hearing is initiated by the Overpayment Unit of its own volition, at the request of the County Office, or at the request of Fraud Investigations.

The County Office refers cases of suspected intentional program violations to the Overpayment Unit via an Overpayment Report form. The Overpayment Unit and Fraud Investigations will review the form and determine if the case is to be referred (a) for possible prosecution; (b) for an Administrative Disqualification Hearing; or (c) for non-fraud collection. If the Overpayment Unit refers the case for an Administrative Disqualification Hearing, a copy of the referral will be sent to the County Office by the Overpayment Unit.

8122 Preparation of the Administrative Hearing File

07/01/97

An Administrative Hearing File must be prepared on cases referred for an Administrative Disqualification Hearing. The Fraud Investigations Section will be responsible for preparing the Hearing File for cases it has developed with a possible intentional program violation (IPV). The County Office will be responsible for preparing the Hearing File for all other cases referred for a Disqualification Hearing.

The Administrative Hearing File will contain:

1. A completed DHS-1208 *Food Stamp/TEA Intentional Program Violation Statement*; and
2. Any supporting documentary evidence upon which the suspected IPV was established. Examples of documentary evidence include applications, change report forms, collateral statements, copies of award letters and verification of resources.

County Office

Upon receipt of the notification from the Overpayment Unit that a case has been referred for an Administrative Disqualification Hearing, the County Office will prepare the Administrative Hearing File. A copy of the File must be submitted to the Appeals & Hearings Office within seven calendar days of receipt of the referral notification. The original will be retained in the County Office.

Fraud Investigations

Fraud Investigations will prepare the Administrative Hearing File for cases it has developed with a possible IPV. The hearing file will be forwarded to the Overpayment Unit who will send copies of the file, including documentation gathered by Fraud Investigations, to the County Office and to the Appeals and Hearings Section.

The case record and original applications will be returned to the County Office by Fraud Investigations. Neither the case record nor the applications should be destroyed as long as an Administrative Disqualification Hearing is pending.

It is the responsibility of the County Office to review this information prior to the hearing and to present the evidence at the hearing. If any questions arise after receipt of this documentation, the County Office should contact Fraud Investigations prior to the date of the hearing to resolve the issue. The DHS- 1208 will contain the name of the Fraud Investigator who prepared the case.

8100 TEA Disqualifications – Intentional Program Violation

8123 Waived Hearings

If this individual is needed for inquiry or testimony at the hearing, the County Office should contact the Director, Fraud Investigations directly to request whatever assistance is needed.

8123 Waived Hearings

07/01/97

Individuals accused of committing an intentional program violation may waive their right to an Administrative Disqualification Hearing.

When a case is referred for an Administrative Disqualification Hearing, the Appeals and Hearings Section must advise the individual that he/she may waive his/her right to an Administrative Disqualification Hearing. The opportunity to sign a waiver in lieu of a hearing is given to the accused individual prior to the date the advance notice of a hearing is sent. If the individual does not sign a waiver by the date specified on the notice, a hearing is scheduled.

If the waiver is signed by the accused individual, the appropriate disqualification sanction will be imposed even if there is no admission to the charges.

The written waiver notification must contain the following information:

1. The date by which the signed waiver must be received by the Appeals and Hearings Section.
2. A signature blank for the accused individual and the caretaker relative.
3. A statement that the accused individual has the right to remain silent concerning the charges and that anything said or written by the individual concerning the charges may be used in a court of law.
4. The fact that the signed waiver will result in disqualification for the appropriate period of time even if the accused individual does not admit to the charges.
5. An opportunity for the accused person to admit the charges or to waive the hearing without admitting to the charges.
6. That the accused individual will be notified at least 30 days in advance of the date the hearing is scheduled if he/she chooses not to waive the hearing.

The Appeals and Hearings Section uses a form titled “Waiver of Right to an Administrative Disqualification Hearing” for this purpose. A copy of the signed waiver is sent to the County Office upon receipt by the Appeals and Hearings Section so that the appropriate disqualification sanction may be imposed (refer to [TEA 8402](#) & [8430](#)).

Waivers Obtained by Fraud Investigations

8100 TEA Disqualifications – Intentional Program Violation

8124 Advance Notice & Scheduling of Hearing

The Fraud Investigations Section may also obtain a waiver to an Administrative Disqualification Hearing from the accused individual during the course of an investigation and prior to referral to the Appeals & Hearings Office. Form DHS-267, *Waiver of Hearing and Disqualification* is used for this purpose. Upon receipt of a signed DHS-267, Fraud Investigations will forward the form to the County Office so that the appropriate disqualification sanction may be imposed (refer to [TEA 8402](#) & [8430](#)).

8124 Advance Notice & Scheduling of Hearing

07/01/97

The Appeals and Hearings Section must notify the accused individual at least 30 days in advance of the date the hearing is scheduled. The notice must include the following information:

1. The date, time and place of the hearing.
2. The charges against the household member who is believed to have committed the IPV.
3. A summary of the evidence (Administrative Hearing File) and that it may be examined at the County Office.
4. A warning that if the accused individual fails to appear for the hearing without good cause, the decision will be based solely on the evidence provided by the County Office at the hearing.
5. A statement that the accused individual may request a postponement of the hearing provided that the request is made to the Appeals and Hearings Section at least 10 days prior to the date of the scheduled hearing and provided that the request is for good cause.
6. If the accused individual fails to appear and later requests that the hearing be rescheduled, he/she must present good cause for failure to appear within 10 days of the date of the Hearing.
7. Establishment of good cause will be at the discretion of the Appeals and Hearings Section.
8. A warning that if the hearing decision determines that an intentional program violation has occurred, a disqualification period will be imposed according to the following schedule: one year for the first violation; two years for the second violation; and permanently for the third violation.
9. A statement that the state or federal government may still prosecute the household member in civil or criminal court action and collect the overissuances.

8100 TEA Disqualifications – Intentional Program Violation

8125 Cancellation of a Hearing by the County Office

10. A statement that the accused individual may contact the County Office for the name and telephone number (if available) of a person who can give free legal advice. If free legal advice is not available, the County Office will provide the number of the lawyer referral service of the local bar association.
11. A statement that the accused individual has the right to remain silent concerning the charges and that anything said or signed by the individual concerning the charges may be used in a court of law.

A statement attached to the notice contains a space for the accused individual to name any persons he or she wishes to subpoena to present testimony on his/her behalf at the hearing. A waiver of the right to subpoena witnesses is also included.

The time and place of the hearing will be arranged so that it is accessible to the member of the household suspected of the intentional program violation.

The advance notice is sent by certified mail, return mail, return receipt requested. When the Appeals and Hearings Section has proof that the household member accused of committing the IPV has received the advance notice of the hearing or has refused such notice, then the notice requirements have been fulfilled and the hearing can proceed. When neither proof of receipt nor proof of refusal exists and the household member fails to appear, the Appeals and Hearings Section has not met its regulatory obligation and cannot proceed with the hearing.

Postponement of Hearing

An accused individual may request a postponement of the scheduled hearing if the request is made at least 10 days in advance of the scheduled hearing and he/she shows good cause for the request. If the accused individual fails to appear but advises the Appeals and Hearings Section not more than 10 days after the hearing date, he/she may be permitted to show good cause for the failure to appear. The Appeals and Hearings Section determines whether or not good cause exists. If good cause is determined to exist, the hearing may be rescheduled within 30 days.

If the hearing is postponed, the time limits for processing will be extended for the number of days between initial scheduling and rescheduling not to exceed 120 days.

8125 Cancellation of a Hearing by the County Office

07/01/97

If, at any time prior to the date of an Administrative Disqualification Hearing, the County Office feels that there is insufficient evidence on which to conduct a hearing, the Appeals and Hearings Section should be contacted immediately so that the hearing can be canceled and the case

8100 TEA Disqualifications – Intentional Program Violation

8126 Review of the Administrative Disqualification File

administratively withdrawn. This does not apply to cases prepared for a hearing by Fraud Investigations. The County Office may not cancel a hearing for a case prepared by Fraud Investigations.

8126 Review of the Administrative Disqualification File

07/01/97

When the advance notice of the hearing is sent, the accused individual is advised that he/she has 10 calendar days from the date he/she signs the certified mail receipt to review the Administrative File and request subpoenas. This 10-day limit applies only to the request for subpoenas. The accused individual and/or caretaker relative may review the Administrative File any time prior to, or during, the Hearing. However, he/she may request subpoenas only during the 10 calendar days following the date the certified mail receipt is signed.

The County Office will provide free copies of the Administrative Hearing File if requested by the household or its representative.

8127 Requesting Subpoenas

07/01/97

The individual accused of the IPV, the County Office, or Fraud Investigations may request that witnesses be subpoenaed to appear at an Administrative Disqualification Hearing. The accused individual uses the attachment to the Advance Notice of Hearing to request that subpoenas be issued. The County Office will be advised by Appeals and Hearings of any witnesses the accused individual has requested and will have five days from receipt of this notice to request rebuttal witnesses.

The County Office and/or Fraud Investigations may use the reverse side of the *County Statement* (Form DHS-1208) to request subpoenas. If additional subpoenas are needed by the County Office on cases prepared by Fraud Investigations, these may be requested by contacting Appeals and Hearings.

The Office of Chief Counsel will issue the subpoenas pursuant to the terms of agreement and authority of Ark. Code Ann. §20-76-408.

8128 The Administrative Disqualification Hearing

07/01/97

8128.1 Attendance at Hearing

07/01/97

The hearing shall be attended by a representative of the County Office in the county of residence of the accused individual, or the county of residence of the individual's representative. The hearing may also be attended by friends and relatives upon request of the accused individual. If space limitations exist, the Hearing Officer has the authority to limit the number of persons in attendance at the hearing.

8128.2 Rights of the Accused Individual During the Hearing

07/01/97

During the hearing, the accused individual has the right to:

1. Examine the contents of his/her hearing file which includes all documents and records to be used by the County Office at the hearing.
2. Bring witnesses to present testimony on his/her behalf during the hearing.
3. Present his/her case or have it presented by legal counsel or other person.
4. Advance arguments without undue interference.
5. Question or refute any testimony or evidence including the opportunity to confront and cross examine adverse witnesses.
6. Submit evidence to establish all relevant facts and evidence in the case.

8128.3 Accused Individual's Representative

07/01/97

The accused individual may designate in a signed statement the name of a representative to act in his behalf in viewing the Hearing File and/or representing him/her at the hearing. This statement must be contained in the Hearing File.

The designated representative will receive a copy of all correspondence regarding the hearing proceedings.

8128.4 Role of the Hearing Officer

07/01/97

The hearing officer will:

1. Administer the oath to all witnesses who will present testimony.
2. Request, receive, and make part of the record all relevant evidence.
3. Advise the accused individual of his/her right to refuse to answer questions during the hearing.
4. Regulate the conduct and course of the hearing consistent with due process to insure an orderly hearing.
5. Order medical assessments at Department expense if necessary to establish intent or lack of intent on the part of the accused individual.

8129 Hearing Decision

07/01/97

The hearing officer will prepare a decision based on the evidence presented. The format will consist of an Introduction, Findings of fact, Conclusions of Law and a Decision.

The final decision must be made within 90 days of the date of the advance notice scheduling the hearing unless the hearing has been rescheduled and the time frames have been extended in accordance with the provisions specified under the Advance Notice provisions.

8129.1 Absence of Intentional Program Violation

07/01/97

If the decision is that an intentional program violation has not occurred, the accused individual will be so advised by the Appeals and Hearings Section in writing. A copy of the decision will be sent to the County Office, the Overpayment Unit, and Fraud Investigations (only if this unit prepared the case for an Administrative Disqualification Hearing).

8129.2 Finding of an Intentional Program Violation

07/01/97

If it is determined that an intentional program violation occurred, the accused individual will be advised of this finding by Appeals & Hearings. Two copies of the decision will be sent to the

8100 TEA Disqualifications – Intentional Program Violation

8130 Imposing the Disqualification Sanction

County Office, one copy to the Overpayment Unit and one copy to Fraud Investigations (only if this unit prepared the case for the Administrative Disqualification Hearing).



NOTE: The decision is being sent to the accused individual for information purposes only. The decision should also be attached to the notice of imposition of disqualification sanction sent by the County Office.

8130 Imposing the Disqualification Sanction

09/12/12

When the County Office receives a hearing decision finding that an intentional program violation has occurred, a period of disqualification from the TEA program will be imposed against the family.

The disqualification periods are as follows:

- One (1) year for the first offense.
- Two (2) years for the second offense.
- For more than two, permanently.

In addition, the family will continue to be ineligible for TEA assistance until the resulting overpayment has been repaid to the state, with interest.

Upon receipt of a hearing decision, the county office will take the following actions:

1. Establish a disqualification period that begins:
 - a. No later than the second month following the month the County Office received the decision if the family is currently receiving TEA; or
 - b. With the first month following the month the decision was received if the TEA case is closed.
2. In ANSWER, key the disqualification as an IPV sanction under each member's sanction tab.
3. Complete Form DCO-120, *Notice of TEA Administrative Disqualification*. (**NOTE:** A "timely" notice, i.e., 10 day advance, is not required in this situation.) This notice will be completed and routed to family even if the TEA case is already closed.

8140 Court Imposed Disqualifications

07/01/97

The County Office will disqualify a family if a member has been found to have committed an intentional program violation by a court of law in accordance with [TEA 8102](#) & [8130](#).

When a court finds that an individual has committed an IPV, Fraud Investigations will inform the County Office by memo, with a copy to the Overpayment Unit. The procedures relative to imposition of the disqualification are described in [TEA 8130](#).

9000 TANF Overpayments

9010 Definition of Overpayment

9000 TANF Overpayments

9010 Definition of Overpayment

Any payment received by or for a participant, which is in excess of the amount that should have been paid, is an overpayment. However, only those overpayments described in the following sections will be reported and collection pursued.

An overpayment may result from the participant having given fraudulent information, having withheld information, having failed to report information, or having failed to report a change in circumstances. An overpayment may also occur from the agency having made an error or having failed to take action, or from a combination of participant and agency.



NOTE 1: By definition, no “overpayment” exists if the participant does not present the warrant or check for payment or does not access any portion of a month’s payment added to his or her EBT account; and



NOTE 2: Calculations to determine overpayments must be in accordance with eligibility requirements and budgetary procedures and allowances in effect at the time of such overpayment, not the time of discovery and computation.

9020 Definition of Fraud

Fraud consists of some deceitful practice or felonious device resorted to with the intent to receive an assistance grant to which an individual is not entitled under the rules and regulations of the Division.

9020.1 Fraud-Legal Provision

Arkansas Statute 41-2203 provides that a person commits theft of property if he/she knowingly obtains the property of another person, by deception or by threat, with the purpose of depriving the owner thereof.

Only the Courts can determine guilt under the statute and impose the legal penalty. The responsibility of the worker is to determine where there may be an “intent to defraud” on the part of the participant or other persons and report their findings to the Overpayments Unit.

9020.2 Guilty of Intentional Program Violations

If a family is found guilty of an Intentional Program Violation, the family will be ineligible for TEA cash assistance until the resulting overpayment has been repaid to the State with interest (refer to [TEA 8102](#)).

9000 TANF Overpayments

9030 Types of Overpayments

9030 Types of Overpayments

The following types of overpayments will be reported:

1. TANF Cash Assistance (TEA and Work Pays)
2. Reimbursements for Work Related Activity Expenses
3. Relocation Assistance
4. Child Care (See Note Below)



NOTE: If a worker discovers a possible child care overpayment, the information will be provided via memo to the Child Care Eligibility/Family Support Unit, Division of Child Care and Early Childhood Education, Slot S140. The Child Care Eligibility/Family Support Unit will determine and process all Child Care overpayments.

9040 Determining the Overpayment Amount to be Reported

The policy, procedures, and income eligibility standards in effect at the time the participant was overpaid will be used to determine the overpayment amount. Form DCO-199 will be used to report overpayments in the TEA cash assistance and Work Pays programs.

9041 TANF Cash Assistance

When it is determined that a participant has received a TEA cash assistance or Work Pays payment to which he or she was not entitled, an overpayment report may be required.

An overpayment report will begin with the second month following the month in which the change causing the ineligible or reduced payment occurred. For situations in which the participant is ineligible at application, the overpayment will begin with the month of approval. If the change was reported and acted upon so that the correct assistance amount was issued in the second month following the change, then an overpayment report is not required.

9041.1 Income

The process for calculating a TEA and Work Pays overpayment due to income is described below.

TEA

To determine a TEA overpayment involving income, the caseworker will determine the monthly gross and net income as outlined in the [TEA 2300](#) sections (Determining Income Eligibility). Unless a significant change occurred in the income during the overpayment period, the same monthly net income will be used to determine income eligibility for all overpaid months. In

9000 TANF Overpayments

9041 TANF Cash Assistance

addition, the same gross monthly income will be used to determine if an eligible family was eligible for a full or reduced payment unless a significant change occurred during the overpayment period. (Refer to [TEA 4120](#) for the definition of a significant change in income.) It is not necessary to verify the actual income in each month of the overpayment period.

If earned income is involved, both the 20% and the applicable Work incentive (50% or 60%) earned income deductions will be allowed when determining income eligibility for the overpayment period. The applicable Work incentive deduction will be the percentage that was in effect during the particular over paid month.

The following are examples of overpayment determinations when the income exceeds the Income Eligibility Standard and when the family is entitled to a reduced payment rather than full payment.

EXAMPLE 1: Mr. Jackson was approved for TEA on May 10th. Two months later, the eligibility worker discovered that Mr. Jackson was already working when he applied for assistance. The income made the participant ineligible at approval. An overpayment will be processed beginning with the month of approval.

EXAMPLE 2: Ms. Jones started working in August. She reported the employment in November. When determining the monthly income, both the 20% and the Work incentive deduction were allowed, and the family was no longer eligible for cash assistance. The overpayment will be completed beginning with the month of October. The income amount that determined ineligibility will be used for all overpaid months, unless there was a change in the Work incentive deduction in any of the months.

EXAMPLE 3: Mrs. Davis and her two children are receiving TEA benefits in the amount of \$204. Mrs. Davis became employed in November. Her gross earnings are \$1200 per month. She reported her employment in January of the following year. After allowing the participant earned income deductions, she is income eligible based on the \$513 income standard. However, when determining the payment amount, the gross earnings exceed \$1026 (gross income trigger). Therefore, the family was only eligible for a reduced payment of \$102. The overpayment will be completed beginning with the month of January.

9000 TANF Overpayments

9041 TANF Cash Assistance

Work Pays

To determine a Work Pays overpayment involving income, the worker will determine the monthly gross income for each month in which an overpayment exists. An overpayment will exist for each month in which the gross income exceeds the Federal Poverty Level

(FPL) for the household size and a Work Pays payment was received for that month. There are no allowable work deductions for Work Pays.

The following are examples of overpayment determinations when the income exceeds the FPL for the family size.

EXAMPLE 1: Ms Brown was approved for Work Pays in October based on her declared income of \$950 monthly. However, when verification of earnings was received in November, the October payment had been made and Ms Brown's gross income was \$1775. This exceeded the 150% FPL for her household size of 2 and therefore she was not eligible. An overpayment exists for the October payment.

EXAMPLE 2: Ms Wilson was approved for Work Pays in October. At the time of approval Ms Wilson's gross monthly income was \$1900 which is below the 150% FPL for her household size. In December, Ms Wilson's income increased to \$2150 which is above the 150% FPL. The participant continued to receive a Work Pays payment for 3 additional months. An overpayment will be calculated beginning with the payment received for the month of February.

9041.2 Resources (TEA cash only)

When a case is found to be ineligible due to excess resources, the overpayment will begin with the second month following the month in which resources first exceeded the resource limit.

EXAMPLE: Mr. Jones receives assistance for himself and three children. In February, he received a cash inheritance of \$4,000 which was deposited into a bank account. Mr. Jones reported having the bank account in May and the TEA case was closed in May for excess resources. The overpayment will be completed beginning with the month of April.



NOTE: There is no resource limit for Work Pays.

9041.3 Household Member

In cases in which a required member has been improperly excluded from the assistance unit, an overpayment will be determined only if inclusion of such person's needs, income, and resources

9000 TANF Overpayments

9041 TANF Cash Assistance

would have rendered the unit ineligible, or eligible for a reduced payment when the full payment was received.

In cases in which a member has been improperly included in the assistance unit, an overpayment will be determined by excluding the person's needs. The income and resources will be determined in accordance with TEA and Work pays policy (See the examples below).

TEA

EXAMPLE 1: Mr. Thomas receives TEA cash assistance for himself and three children. He reported in December that his son, John, moved out of the household in October and is now living with an Aunt. This change caused a decrease in the assistance payment and an overpayment will be reported beginning with the month of December.

EXAMPLE 2: Through a review, conducted in December, it was determined that Mary's grandson, John was not attending school as required for TEA cash assistance. However, his needs continued to be included in the grant. John receives SSA benefits in the amount of \$45.00. In processing the overpayment, John's needs will be dropped. However, his income and resources will remain in the budget to determine his siblings' continued eligibility and payment amount. The last month John attended school was September. The overpayment will be determined beginning with the month of November.

WORKPAYS

EXAMPLE 1: Mr. Jackson was approved for Work Pays in July. He reported his household consisted of himself and his 3 minor children Linda, James and Janice. He verified monthly earned income of \$ 1500. During on-going case management, the DWS Workforce Specialist discovered that Linda never lived in the home with Mr. Jackson but actually lived with her mother in another city. When dropped from the unit, the household is actually over the 150% FPL for 3. An overpayment will be determined beginning with the month of approval.

EXAMPLE 2: Ms Harris was approved for Work Pays in August. At the time of approval her household consisted of herself and her 16 year old son Mike. In September Mike moved out of the home. Ms Harris failed to report the change. In December the worker discovered the change. Since there is no longer an eligible child in the home, an overpayment will be calculated beginning with November.

9000 TANF Overpayments

9042 Reimbursements/Activity Related Expenses

9042 Reimbursements/Activity Related Expenses

When it is determined that a participant was reimbursed or received a payment for expenses related to work participation that he or she was not entitled to, an overpayment will be determined beginning with the month in which the reimbursement/payment was made. This also includes payments received in a month in which the individual was not eligible for TANF cash assistance.

EXAMPLE 1: William's Auto was paid \$500 to repair Ms. Smith's vehicle. She was employed at approval of her TEA application but it was later determined that she stopped working prior to receiving the supportive service and failed to report it. The \$500 paid for vehicle repairs will be reported as an overpayment.

EXAMPLE 2: Ms. Burns, a Work Pays participant of 13 months, received supportive services in the amount of \$650 for tires. It was later discovered that she provided false information and had not worked in several months. The \$650 paid for the tires will be reported as an overpayment.

9043 Relocation

If it is determined that a relocation assistance payment was provided to a family and it was not used to relocate the family, an overpayment will be prepared for the overpaid amount.

EXAMPLE: Mr. Jones lives in Camden. He found a job in Texarkana and wanted to relocate. In May, he received a relocation check for \$2000 to move to Texarkana. It was determined in June that he was still living in Camden and commuting to his job in Texarkana. He spent the \$2000 on repairs to his Camden home. Since he did not use the relocation payment to relocate, the \$2000 relocation payment must be reported as an overpayment.

9100 Procedure for Reporting and Collecting Overpayments

9101 Responsibility for Reporting the Overpayment

9100 Procedure for Reporting and Collecting Overpayments

9101 Responsibility for Reporting the Overpayment

Overpayment reports will be submitted to the Central Office Overpayments Unit, Slot WG2.

DCO will complete and submit overpayments related to eligibility. Supportive services received during this period will also be determined by DCO and included in the overpayment report.

Overpayments related to Supportive Services only will be completed and submitted by DWS

9101.1 Recording Information in the Case Narrative

When an overpayment is discovered, the worker will document in the narrative section of ANSWER the amount of the overpayment, the date the overpayment began, the reason(s) why the overpayment occurred, and any other pertinent information. If the

overpayment occurred because the participant provided false or incomplete information or failed to report a change in circumstances within ten days, the participant will be advised of the possible consequences (request for repayment and/or prosecution for fraud) and asked to explain his/her action(s) or failure to act. His/her explanation will be recorded in the narrative section. When all information is recorded, the information will be referred to the appropriate supervisor or his or her designee for concurrence as to the correctness of the overpayment determination.

Field staff will refrain from making accusations of fraud to the participant.

9101.2 Referral to Division of Administrative Services Overpayment Unit

All cases involving incorrect payment as described in [TEA 9030](#) will be referred to the Overpayment Unit, DHS Central Office. The referral form will be the original DCO-199. The appropriate sections must be completed.

If fraud is suspected, form DHS-1700 will be submitted to the Overpayment Unit. If the worker is unable to establish the full amount of the overpayment, Form DHS-1700 will be completed and forwarded to the Overpayment Unit. A memorandum will be attached to the DHS-1700 detailing the worker's efforts and explaining why they were unable to establish the overpayment.

The DHS Division of Administrative Services, Overpayment Processing Unit will register all overpayment referrals. All cases of suspected fraud will be immediately brought to the attention of the DHS Fraud Unit. The manager of the Fraud Unit, or his or her designee, will screen all overpayment referrals at least weekly and select the appropriate referrals for further

9100 Procedure for Reporting and Collecting Overpayments

9102 Responsibility of the Division of Administrative Services Overpayment Unit

investigation. After screening, rejected referrals will be noted as to reason for rejection, and returned to the Overpayment Unit.

If the case is selected for further fraud investigation, the Overpayment Unit will not pursue recovery until notification from the Fraud Unit that the case has been declined for prosecution, agreement reached with participant and case not going to court (signed agreement), or the case has been adjudicated. The stipulations of the court order will be given to the Overpayment Unit by memorandum from the Fraud Unit.

If it is found in the fraud investigation that the period of time and/or the amount of the overpayment or ineligible payment is different from the original amount submitted by the County Office on the DHS-199, the Overpayment Unit will make the necessary adjustments.

9102 Responsibility of the Division of Administrative Services Overpayment Unit

The DAS Overpayment Processing Unit, will make the decision concerning the feasibility of repayment for all overpayments, taking into consideration whether they resulted from:

1. Administrative error.
2. Misunderstanding of state policies or laws by the participant.
3. Willful withholding or incorrect statement of factual information by the participant.

A Review Official in the Overpayment Unit will:

1. Review information submitted by the local offices via DHS-199 and DHS-1700.
Additional information from the local office may be requested when needed for a decision or further action.
2. Make a decision on the feasibility of seeking repayment relative to the disposition of the claim when collection and/or fraud referrals are indicated.

9103 Collections

The DAS Overpayment Processing Unit will make the determination relative to the disposition of the claim when collection and/or fraud referrals are indicated.

When an agreement is reached with the participant, either by the Fraud Unit or Legal Unit, the DAS Overpayment Processing Unit will be apprised of whether:

1. Participant has been sentenced;
2. Participant's sentence has been suspended contingent upon restitution by court order;

9100 Procedure for Reporting and Collecting Overpayments

9103 Collections

3. Voluntary agreement to repay has been reached;
4. Signed agreement to repay has been negotiated;
5. Civil court action initiated with results.

The Division of Administrative Services, Cash Receipts Unit, WG2, will be responsible for receiving and processing all monies collected.

9200 Recoupment and Recovery

9201 Definitions

9200 Recoupment and Recovery

9201 Definitions

Recovery - Regaining monies lost by the Arkansas TANF Program as a result of a participant receiving payments to which he or she was not entitled.

Recoupment - Withholding of a cash amount from the assistance payment when a participant has a pending claim due the state for some amount of prior ineligible or overpaid cash payment.

Restitution - Securing a direct payment from an individual in the form of a cashier's check or money order made payable to Arkansas Department of Human Services for overpayments received.

Hardship Situation - A situation in which the participant is in a state of being deprived of what is needed for basic subsistence, e.g., food, shelter, utilities.

9202 General Policy Statement

Overpayments and ineligible payments made to participants of TANF cash assistance are subject to recovery action.

The policy of this State is that recovery of overpayments will be pursued. An effort will be made to recover all reported overpayments. There will be no distinction between willful and non-willful withholding of information by the participant, i.e., reasonable and practical steps to correct and collect any overpayment that is known to the State will be made regardless of whether the reason for the erroneous payment was caused by the agency or the participant.

It is not the policy of this State to inflict hardship on individuals or their families by means of its recovery policies. Therefore, the following rules will be followed:

1. Recovery may be made from income, liquid resources, or a reduction in the current TEA or Work Pays assistance payment.
2. The amount to be recouped from the TEA or Work Pays payment will not exceed 10% of the family's full payment level.
3. Recovery will be made from the individual who caused the overpayment, or if the person responsible for the overpayment has left the household, recovery will be made from any other adult individual who was a member of the overpaid assistance unit.
4. Recovery of any reported overpayment will be made regardless of the cost effectiveness.

9200 Recoupment and Recovery

9203 Recovery Procedure

5. In all situations in which an overpayment has occurred and the participant is currently receiving TEA or Work Pays cash assistance, recoupment of the overpayment will be initiated unless the participant makes full restitution.
6. The amount of an outstanding overpayment will be used to offset an outstanding underpayment if the family has both.
7. When a former participant with an outstanding overpayment reapplies and is found eligible, recoupment will be reactivated based on the participant's current level of payment, income, and liquid resources.

9203 Recovery Procedure

All cases of ineligible payments and overpayments must be reported to the DAS Overpayment Processing Unit as outlined in [TEA 9040](#).

The Overpayment Unit will decide whether payments to ineligible and/or overpayments will be pursued for recovery and the method of recovery.

9204 Recoupment Restrictions

Overlapping or duplication of TEA by Supplemental Security Income (SSI) is not subject to recoupment or restitution. This will be handled by the Social Security Administration.

Restitution of some or all of an overpayment can be accepted before or at the time of initiation of recoupment, while recoupment is in process, or after closure.

If the monthly recoupment amount or maximum recoupment amount exceeds the current cash assistance payment amount, the monthly recoupment amount will be the payment amount less one dollar.

9205 DAS Overpayments Processing Unit Responsibility

If the decision is made by the Overpayment Processing Unit to recoup the overpayment by a deduction from the current assistance payment to the participant, the Overpayment Processing Unit will:

1. Send a 10 day advance notice to the participant direct from the Overpayment Unit, explaining the recoupment decision, and the amount that will be deducted from the payment so the participant will know the reason for the payment change.

9200 Recoupment and Recovery

9206 Keeping DAS Processing Unit Informed

2. Initiate recoupment by reducing the grant if the participant does not request an Administrative Hearing during the 10 day advance notice period.
3. Advise the appropriate office of:
 - a. The total amount to be recouped;
 - b. The amount of monthly deduction;
 - c. The number of months deductions will be made; and
 - d. The effective dates.

9206 Keeping DAS Processing Unit Informed

The appropriate office will promptly report, by memorandum to the Overpayment Processing Unit, any pertinent information (coming to its attention) which would have an effect on an established overpayments claim that has not been satisfied, such as, but not limited to :

1. Hardship situation;
2. Acquisition of resources or income that may increase the participant's ability to repay;
3. Death;
4. Change of address;
5. Recertification of case after closure.

9207 Contacts With Participants

If participants have questions concerning recovery letters received directly from the Overpayment Processing Unit, the County Office will refer them to the DAS Overpayment Processing Unit.

If participants wish to make arrangements for repayment, the County Office will explain that the final decision regarding recovery rests with the DAS Overpayment Processing Unit and give the mailing address:

**Arkansas Department of Human Services
Overpayment Unit
P. O. Box 8181 Slot WG2
Little Rock, Arkansas 72203**

9250 State Income Tax Refund Interception

Act 372 of 1983 as amended (Ark. Stats. Ann. 84-4918) and Act 987 of 1985 authorizes the collection of TANF overpayments through the interception of State Income Tax Refunds.

9200 Recoupment and Recovery

9251 Cases Eligible for Intercept

Act 987 requires prenotification to debtors of intent to set off debts listed, prior to the annual debt loading with the Revenue Division of the Department of Finance and Administration. A computer generated notice (SS-XA) of our intention to intercept refunds will be mailed prior to the annual loading date (Dec. 1). The SS-XA is sent on cases that have Overpayment Processing Unit debts listed.

The taxpayer has 30 days from the date the notice was mailed to file a written request for a hearing ([TEA policy 9253](#)). If no hearing is requested within 30 days, Revenue Loading will be effected. Tax Refunds will be mailed to the Division of Administrative Services to be allocated within the Department of Human Services Division in order of priority.

9251 Cases Eligible for Intercept

In order for a case to be submitted for State Tax Refund Intercept, the following conditions must be met:

1. The amount owed the State must be approved by the Overpayment Processing Unit; and
2. The tax payer must have been notified of the Overpayment in at least one demand letter; and
3. The overpayment must be at least \$20.00.

If the State Tax Refund due a tax payer is less than \$20.00, the Revenue Department will not intercept the refund.

9252 Allocation of State Tax Refund

A State tax refund, intercepted to apply against debts to the State, will normally be allocated as follows:

- When only one overpayment claim exists, the refund will be applied against that claim. Should the refund be larger than the claim, the balance will be returned to the tax payer by the Revenue Department.
- When more than one claim exists with the Food Stamp, TANF and Medicaid Programs, the refund will be applied against the oldest claim first until the entire amount is used or all claims are paid. Any balance after these claims are satisfied will be allocated to other DHS Claims listed, if any. If there are no additional DHS claims, then the balance will be returned to the taxpayer.

9200 Recoupment and Recovery

9253 State Tax Refund Intercept (STRI) Hearing Procedures

9253 State Tax Refund Intercept (STRI) Hearing Procedures

9253.1 Requesting and Scheduling a Hearing

The taxpayer has thirty (30) days from the mailing date of the Intercept Notice to file a written request for a hearing. All hearing requests will be sent to the Overpayment Processing Unit (OPU). A chronological register of the hearing results will be maintained to ensure each request is acted upon in a timely manner. After the identifying information is placed on the register, a copy of the request will be sent to the County Office which originated the case and a copy sent to the Hearing Officer.

EXCEPTION: If the taxpayer has moved to a different county, the county copy along with any case records will be forwarded to the current county of residence. The appropriate office is required to complete Form DHS-1203, County Office Administrative Hearing Statement, and forward it to the Hearing Officer for receipt at least two (2) days before the hearing.

If the taxpayer does not appear at the hearing or give notice of inability to appear at least 24 hours before the hearing, the request will be considered abandoned. In the event the taxpayer is unable to be present on the date the hearing is scheduled, the hearing may be rescheduled one time at the taxpayer's request. After that, the request for hearing will be considered abandoned if the taxpayer does not appear at the hearing. The rescheduled rehearing must also be held within the thirty (30) day period from the date of the rescheduled hearing request. All rescheduling will be recorded on the Chronological Register.

Accompanying the hearing request, in a pending file, will be a set of hearing forms. The hearing forms packet will contain an acknowledgment letter (Form SS-RR) and a hearing statement (Form SS-1612). These forms will be completed when the hearing is scheduled and conducted. When the acknowledgment letter is mailed to the taxpayer, a copy is held in the pending file, a copy is sent to the Hearing Officer, and a copy is sent to the appropriate office.

9253.2 Conducting a STRI Hearing

It is the responsibility of the Hearing Officer to attend the hearing. If this is not possible, the Hearing Officer will designate a representative to attend the hearing. The Hearing Officer (or representative) will review the case prior to the hearing.

The hearing will be held in accordance with procedures established under Arkansas Stat. Ann 5-701 et seq., the Administrative Procedures Act to determine the validity of the claim. It will be determined at the hearing whether the claimed sum asserted as due and owing is correct.

9200 Recoupment and Recovery

9253 State Tax Refund Intercept (STRI) Hearing Procedures

In conducting the hearing, a representative from the appropriate Office will explain the facts of the overpayment. The taxpayer will be given the opportunity to offer evidence, and/or refute information presented by the agency. In the event the taxpayer requires additional time to provide evidence that would affect the outcome of the hearing, the Hearing Officer will complete the hearing to the extent possible and allow the taxpayer ten (10) days to submit the information to the appropriate Office for final resolution of the case. The agency then has five (5) days to recalculate the claim and forward the results to the Hearing Officer.

Because of the limited time frame allowed by the Revenue Department, it may become necessary to conduct hearings by conference call between the DHS Central Office and the appropriate local Office. It will be the Hearing Officer's responsibility to ascertain that all relevant information is obtained and the hearing statement is completed. The Hearing Officer will prepare an original letter to the taxpayer summarizing the evidence presented at the hearing and advising the taxpayer of the decision.

10000 Arkansas Work Pays

10101 Work Pays Application Process

10000 Arkansas Work Pays

Arkansas Act 1705 of 2005 established the Work Pays Program. Work Pays is an incentive program designed to encourage working TEA participants to remain employed after closure of the TEA case while increasing their hours of work and/or hourly wage. Families participating in Arkansas Work Pays will receive a monthly cash assistance payment in the amount of \$204 for up to 24 months, provided they meet the Work Pays eligibility requirements. The twenty-four (24) months will count toward the federal 60 month time limit but not the state's TEA 24 month limit. This work incentive program may be limited to 3,000 families.

The eligibility worker will explain the Work Pays program to the applicant and provide a Work Pays pamphlet during the initial interview for TEA cash assistance. The DWS Workforce Specialist will discuss the Work Pays program with the participant during ongoing case management activities. When the TEA case closes due to employment, the participant will receive additional information about Work Pays, including a Work Pays application.

10100 Work Pays Eligibility Requirements

10101 Work Pays Application Process

10100 Work Pays Eligibility Requirements

A participant must meet the following requirements:

1. Have care and custody of a related minor child;
2. Be a resident of the State of Arkansas;
3. Meet the citizenship or alienage requirement (Refer to [TEA policy 2220](#));
4. Apply for Work Pays within six (6) months of TEA case closure;
5. Received TEA cash assistance for at least three (3) months;
6. Have not received more that twenty-four (24) months of Arkansas Work Pays Program Benefits.
7. Meet Work Hours Requirement:
 - a. For initial eligibility - Was engaged in paid work activities for a minimum of twenty-four hours per week for the past month and meet the federal participation rate.
 - b. For on-going eligibility – must be in paid work activities for a minimum of twenty-four(24) hours per week and meet the federal participation requirement for one(1) of the past three(3) months and for at least three (3) of the past six (6) months.
8. Have income below 150% of the federal poverty level for the family size, including SSI and Family Cap Children;
9. Comply with the Work Pays Personal Responsibility Agreement;
10. Comply with Office of Child Support Enforcement (OCSE) requirements, including assignment of support and cooperation in establishing paternity and/or support unless good cause exists.

10101 Work Pays Application Process

Each month a Work Pays application will be mailed to all TEA participants whose case closed the prior month due to employment. This process will be completed by Central Office through a mass mailing process. For participants interested in applying for Work Pays, the application must be completed and mailed to the Work Pays Processing Unit who will determine initial eligibility. Applications received at a local DHS or DWS office will be forwarded to the processing unit upon receipt. The Work Pays applicant must sign the application. If it is a two-parent household, both parents must sign the form.

10100 Work Pays Eligibility Requirements

10102 Determining Initial Eligibility

10102 Determining Initial Eligibility

In determining initial eligibility for Work Pays, the participant's declaration of earnings for the 30-day period prior to the date of application will be accepted. Once the case is approved the DWS Workforce Specialist must verify the income for the same period.

EXAMPLE: A participant who meets all the eligibility requirements applies on April 7th. The DWS Workforce Specialist will verify the income for the period March 8th through April 6th, which is the 30 day period prior to the date of application.

The DWS Workforce Specialist will verify that the information provided by the participant during the application process is correct by reviewing work hours documentation. For initial eligibility, the participant will provide verification that he/she was employed 30 days prior to application date. If the participant was not employed 30 days prior to the application date, the application will be denied. No good cause will be given for not meeting initial eligibility.

10102.1 Prior TEA Receipt

The participant must have received at least 3 months of TEA cash assistance and the case closed within the past 6 months. This includes cases that close due to reaching the time limit or have been extended and earnings are included. The 3 months do not have to be consecutive. (See example below)

EXAMPLE 1: Ms. Davis applied for Work Pays in September 2006. Her TEA case closed in April 2006 after receiving assistance for 9 months. The participant provided verification of employment with Entergy working 40 hours per week at \$6.00 per hour. Ms. Davis met all eligibility requirements; therefore, her application is approved.

EXAMPLE 2: Ms. Wilson applied for Work Pays in July 2006. Her TEA case closed in June after receiving assistance for 2 months. These were the only months she received TEA. She is employed 35 hours per week. Since she did not receive TEA for at least 3 months, her application is denied.

10102.2 Income

The parent's gross earnings along with other countable income must be below the 150% Federal Poverty Level for the family size (See [Appendix B](#)). The income of the child(ren) is disregarded. (Refer to [TEA policy 2331](#) for unearned income to disregard.) For initial eligibility, self declaration of income can be accepted. However, if it is determined after approval that the participant did not meet the income/hours requirement, the case will be closed. This

10100 Work Pays Eligibility Requirements

10102 Determining Initial Eligibility

determination will be made by the DWS Workforce Specialist upon receipt of initial work documentation from the participant.

10102.3 Work Hours Requirement

The participant must be employed at least twenty-four (24) hours per week. If less than 30, he/she must be engaged in another countable work activity that when combined with the work hours will meet the federal TANF work requirement for the family. The participant's declaration of the hours worked can be accepted. If the hour requirement is met, the application may be approved if all other Work Pays requirements are met. Acceptance of the self-declaration will be documented in the ANSWER system. If it is determined after approval that the participant does not meet the work hour requirement, the Work Pays case will be closed (See examples below).

EXAMPLE 1: Ms. Adams applies for Work Pays on July 1, 2006. It has been verified that she has been employed since May 2006. She works 30 hours per week. Ms. Adams meets the 24 hours per week work requirement and the Federal Participation requirement. If otherwise eligible, the application may be approved.

EXAMPLE 2: Mr. Thomas applied for Work Pays on July 7, 2006. He declares that he has been employed since March 2006 working 24 hours per week and is attending Vo-Tech at night. He is taking a three (3) hour course in management and will graduate December 2006. He received TEA cash assistance for 8 months prior to starting Vo-Tech. His TEA case closed in April. The work requirement is met. The 3 hours of class along with the 3 hours of allowable study time brings his total countable hours to 30 per week which meets the federal work requirement for his situation. If otherwise eligible, the application may be approved.

EXAMPLE 3: Ms. Harris applied for Work Pays on October 15, 2006. She declares that she is employed at Wal-Mart working 30 hours a week at \$6.00 per hour. She meets all other eligibility requirements and her case is approved based on her declaration of income and hours. However, it is determined after approval that she is only working 25 hours per week. Even though she was working 24 hours per week, she did not meet the federal participation requirement of 30 hours in October. Therefore, her Work Pays case is closed.

The participant must be in a **paid** work activity at least 24 hours per week and meet the weekly federal participation requirement in one of the past three months and three of the past six months. The federal participation requirement is as follows:

- 24 hrs per week for a single-parent household with a child under the age of 6;

10100 Work Pays Eligibility Requirements

10103 Application Disposal

- 30 hrs per week for a single-parent
- 35 hrs per week for a two-parent household not receiving federally funded child care;
- and 55 hours per week for a two-parent household receiving federally funded child care.

10102.4 Resources

The family's resources are totally disregarded.

10103 Application Disposal

The Work Pays Processing Unit will dispose of the application for Work Pays by either approval or denial within 30 days from the date of application.

10104 Referral for Case Management Services and Payment Authorization

Upon approval of the application, a referral will be sent by the Work Pays Eligibility Worker via a task through ANSWER to the Work Pays Service Manager for payment authorization and case management services.

10105 Reevaluation

All Work Pays cases will be re-evaluated by the central processing unit every 6 months to determine continued eligibility. The following criteria must be met:

- There must be an eligible child in the home.
- The participant's gross earned income plus other countable income must be below the 150% Federal Poverty Level for the family size.

10106 Case Closure

A Work Pays case will be closed if the participant fails to meet the general eligibility requirements including but not limited to one of the reasons listed below. The DWS Workforce Specialist will notify the Work Pays Eligibility Worker if a change in eligibility occurs between re-evaluations. The Work Pays Eligibility Worker will process the case closure.

1. Participant failed to meet the work requirement for three (3) continuous months;
2. Participant failed to meet the work participation hours for at least three (3) of the past six (6) months;
3. No eligible child in the home;
4. Unable to locate;

10100 Work Pays Eligibility Requirements

10106 Case Closure

5. No longer a resident of the state;
6. Income exceeds 150% Federal Poverty Level for family size
7. Participant requested case closure
8. Participant failed to meet work hour requirement after verification of self-declared income.

10200 Work Pays On-Going Case Management

10220 Time Limits

10200 Work Pays On-Going Case Management

Case management is the process of coordinating and brokering the multiple services needed to achieve progress toward self-sufficiency. Case management will provide the participant with sufficient information on what to expect regarding changes and challenges in the world of work. The DWS Workforce Specialist will serve as a point of contact for participants and a point of accountability for the agency. The DWS Workforce Specialist has the overall responsibility for working with the participant from initial interview until case closure.

Case management services will be provided as long as the participant is Work Pays eligible, or up to 12 months after the Work Pays case has been terminated due to earnings in excess of the federal poverty level.

10220 Time Limits

The Arkansas Work Pays Program allows former TEA participants to receive a cash assistance payment in the amount of \$204 per month for up to 24 months and receive case management, supportive services, and job retention and advancement services, provided they meet eligibility requirements. The twenty-four (24) months will count towards the federal 60-month time limit but will not count towards the State's TEA 24-month time limit. If the participant reaches 60 months while participating in Work Pays, an automatic extension will be given to the 60-month limit. This work incentive program may be limited to 3,000 participants.

10230 Assignment of Referral

Upon approval of a Work Pays application a referral task is created in the ANSWER System from the Work Pays Processing Unit to the Works Pays Service Manager.

10230.1 Assignment of Task

1. A task will be assigned to the Works Pays Service Manager on the Work Pays Service Management Tab in ANSWER.
2. The Works Pays Service Manager will assign the task to the appropriate DWS Workforce Specialist's To Do List in ANSWER.
3. The DWS Workforce Specialist will send a notice to the participant, which contains updated agency information, an explanation of verifiable allowable documentation needed, and a request for an initial interview to be conducted no later than 2 days from the date of Work Pays approval.

10300 Work Verification

10230 Assignment of Referral

10300 Work Verification

During the initial interview, which may be conducted by telephone, the DWS Workforce Specialist will present an overview of the program, gather information, and advise the participant of what and when information is needed.



NOTE: The Federal Poverty Levels in [Appendix B](#) are updated annually.

If the participant was in a paid work activity for at least 24 hours and met the federal participation rate, then a payment will be authorized. (See Work Pays policy [TEA 10504](#) for the payment process.)

If the information received is not accurate and would affect the participant's eligibility status; the Work Pays Processing Unit should be notified immediately.

The participant must provide verification of work hours or pay stubs for each week of every month. The verification can be provided by fax, mail, scan & email, or in person. The agency will accept verification of earnings from the employer, check stubs, payroll printout, etc.

The participant must be in a paid work activity at least 24 hours per week and meet the weekly federal participation requirement in one of the past three months and three of the past six months. The federal participation requirement is as follows:

- 24 hrs per week for a single-parent household with a child under the age of 6;
- 30 hrs per week for a single-parent
- 35 hrs per week for a two-parent household not receiving federally funded child care;
- and 55 hours per week for a two-parent household receiving federally funded child care.

The parent's gross earnings along with other countable income must be below the 150% Federal Poverty Level for the family size (See [Appendix B](#)). The income of the child(ren) is disregarded. (Refer to [TEA policy 2331](#) for unearned income to disregard.) For initial eligibility, self declaration of income can be accepted. However, if it is determined after approval that the participant did not meet the income/hours requirement, the case will be closed. This determination will be made by the DWS Workforce Specialist upon receipt of initial work documentation from the participant.

The DWS Workforce Specialist will encourage the participant to engage in a paid work activity equal to the federal work activity requirement, if possible.

If the participant is only capable of engaging in a paid work activity for 24 hours a week, the DWS Workforce Specialist will assess previous work activities that the participants was engaged

10300 Work Verification

10310 Career Advancement Plan

in their TEA case to determine what work activities are allowable in the Work Pays case and the number of hours the participant can participate.

This evaluation is necessary due to federal limitations on certain work activities. The DWS Workforce Specialist will discuss allowable work activities with the participant and assign the participant to additional work activities needed to meet the weekly federal work participation requirement.

The DWS Workforce Specialist must enter all work activity hours into ANSWER. If the participant fails to follow through on a required activity then immediate contact is required.



NOTE: The DWS Workforce Specialist should review the work documentation each month to determine if a task should be sent to the Work Pays Processing Unit to update the budget.

An update to the budget is only necessary if there has been a substantial change in income. A substantial change is one in which the new wage is equal to or exceeds 150% of the current Federal Poverty Level for the family size.

If the participant becomes unemployed while in the Work Pays program, the Work Pays DWS Workforce Specialist should assist the participant to expeditiously find a new job. The participant should be referred to all available resources in the workforce development system that will assist them in becoming employed.

10310 Career Advancement Plan

Participants may need assistance increasing incomes while on a job. The participant may also need assistance learning the skills and behaviors to be a valued worker. The DWS Workforce Specialist will work with the participant to create a Career Advancement Plan. The plan will concentrate on: job retention, getting promoted, earning a pay raise, increasing hours, and acquisition of benefits. The plan will be used and modified during the entire time the participant receives Work Pays benefits.

An in-person meeting with the participant should be scheduled no later than two (2) calendar days after approval of the Work Pays Case to develop the Career Advancement Plan. The Career Advancement Plan interview will be conducted at a time and location agreed upon by the participant and the DWS Workforce Specialist. The DWS Workforce Specialist must have bi-weekly contact with the participant. The DWS Workforce Specialist will secure contact information from the participant.

10300 Work Verification

10320 Allowable Work Activities

10320 Allowable Work Activities

For a description and additional information about the allowable work activities, refer to [TEA policy 3410](#).

10320.1 Paid Work Activities:

- Unsubsidized Employment
- On-the-Job Training



NOTE: In Work Pays, subsidized employment and On-the-Job Training are not allowable work activities if subsidized with TEA funds.

10320.2 Unpaid Work Activities:

- Career and Technical Education
- Job Skills Training
- Work Experience Training
- Job Search and Job Readiness Assistance
- Community Service
- Education Directly Related to Employment
- Attendance at Secondary School
- Providing Child Care Services for Participant in Community Service

10400 Job Retention and Advancement

10430 Supportive Services

10400 Job Retention and Advancement

The Work Pays program focuses on post-employment services that are designed to provide job retention and advancement for employed post-Transitional Employment Assistance (TEA) participants. Post-Employment services are an essential tool in preventing participants from returning to TEA by helping them keep their current jobs, gain skills for a career, move toward better jobs, and become self-sufficient. The intent is to provide services that will assist these participants increase their earnings and job retention so they can advance. DWS Workforce Specialists will assist the participant with resources that will assist them in achieving their goals. The following resources, as appropriate, will be provided to the Work Pays participant:

1. developing a career advancement plan;
2. identifying career ladders, either with the participant's current employer or with another employer or industry;
3. referral to Career Pathways Training Initiative;
4. referral to other TANF Initiative Providers;
5. job search assistance through the Arkansas Job Link system;
6. career counseling;
7. working with employers to develop advancement strategies;
8. removing specific barriers;
9. coordinating work supports (e.g., child care, Medicaid, employment expenses, supportive services); and
10. pursuing educational and/or training activities that develop or expand a participant's job expertise; and
11. referral to other appropriate service providers in the workforce development system available through the Arkansas Workforce Centers.

DWS Workforce Specialist will build relationships with Work Pays participants. This assists in guiding, supporting, and encouraging the participant toward accountability, goal setting and good decision-making.

10430 Supportive Services

All Work Pays participants may be eligible for extended supportive services such as: child care, Transitional Medicaid or ARKids First, mentoring, financial credit counseling, individual development accounts, and any job retention services offered by the department.

10400 Job Retention and Advancement

10430 Supportive Services

Work Pays participants whose TEA cases **closed due to employment** may be eligible for the following supportive services within 12 months of TEA closure:

1. Vehicle Down Payment Assistance
2. Vehicle Repair
3. Vehicle Insurance
4. Vehicle Sales Tax
5. Vehicle Tags
6. Job Retention

10500 Payment

10501 Payment Amount

10500 Payment

10501 Payment Amount

The Work Pays payment amount is \$204 monthly unless the participant is under a sanction.

Work Pays income will be countable in the same capacity as TEA Cash in SNAP (Food Stamps) and Medicaid cases. All changes reported to the DWS Workforce Specialist will be entered as a task on the ANSWER System

10502 Payment Authorization

The DWS Workforce Specialist will authorize the payment when verification of participation is received or good cause for non-compliance is established (Refer to Work Pays policies [TEA 10504](#) and [TEA 10720](#)).

10503 Extract

A participant will receive a Work Pays payment once per month. However, extract will occur twice during the month. The first extract is the 10th workday of the month for participants who have provided all the required verification and met requirements for a full payment. A second extract will occur on the second work day from the end of the month for participants who provide verification later during the month. The payment is added to the participant's EBT account. (See Work Pays policy [TEA 10504](#) for specific procedures the Work Pays DWS Workforce Specialist will follow to authorize payment.)

10504 Payment Process

Families participating in the Work Pays Program will receive a monthly cash assistance payment in the amount of \$204 (regardless of family size) for up to 24 months, provided they meet the Work Pays eligibility requirements. Work Pays payments are made in the month following the month in which the participant participates. Payment will be made via the participant's EBT card. For TANF federal purposes, a Work Pays case is considered cash assistance.

EXAMPLE: Ms. Harris applies for Work Pays in July 2006. She provides verification of hours worked for July in August. The DWS Workforce Specialist determined that the participant met the work requirement for July and authorizes payment for August by placing a check in the payment box on the Work Pays payment screen in ANSWER.

10500 Payment

10504 Payment Process

By the 5th workday of each month, the Work Pays participant should provide documentation to the DWS Workforce Specialist regarding work activity hours for each week of the preceding month.

By the 10th workday of each month, the DWS Workforce Specialist must have keyed the participant's work participation hours into ANSWER. The DWS Workforce Specialist can average the weekly hours worked for the participation requirement if the participant worked over or under the required weekly participation hours during that month. However, the DWS Workforce Specialist must key actual weekly hours into ANSWER.

If the participant provides documentation by the 5th workday of the month, the DWS Workforce Specialist will key the work hours into the Service Management tab of ANSWER and select the full payment indicator.

If by the 5th workday of the month, the participant:

1. does not provide documentation; or
2. provides insufficient documentation; or
3. provides documentation but it does not meet the 24-hour per week paid work requirement and/or the federal work participation requirement:

Then the DWS Workforce Specialist will send a notice to the participant requesting that the participant:

1. submit proper documentation of meeting the work participation requirements; or
2. show good cause why they did not meet the work participation requirements;

Also, the notice will inform the participant that if the requested information is not received within 10 calendar days, their cash assistance payment will be sanctioned by 50%.

If the participant provides the required data or shows good cause within 10 calendar days, the DWS Workforce Specialist will key the work hour's data into the Service Management tab of ANSWER and select the full payment indicator.

If the participant does not provide the required data or does not show good cause within 10 calendar days, the DWS Workforce Specialist will key the work hour's data into the Service Management tab of ANSWER and select the sanctioned payment indicator. The participant's cash assistance payment for that month will be reduced by 50% of the original amount. (Refer to Work Pays Policy [TEA 10700](#) for non-compliance requirements.)

10500 Payment

10504 Payment Process



NOTE: If the participant does not meet the 24-hour paid work activity or meet the federal work participation rate for three (3) consecutive months, the DWS Workforce Specialist will send a 10-day notice to the participant requesting work activity documentation or to show good cause why s/he did not comply with work requirements or the case will be closed. The notice must be sent on the 6th day of the month if participant does not provide the documentation, show good cause, or provides documentation and still does not meet the work activity requirements, the DWS Workforce Specialist will not authorize a cash assistance payment for the third month. Instead, the DWS Workforce

Specialist should refer to [TEA Policy 10106](#) on closing the Work Pays case and take proper action to close the case.

10600 Work Pays Bonus

10504 Payment Process

10600 Work Pays Bonus

As an incentive to participants to retain their jobs, each Work Pays participant may receive pre-set bonus payments after meeting certain job retention targets. To be eligible for the bonuses, the participant must have met the federal work participation rate requirement in each of the preceding months according to the bonus schedule below. All bonus payments will be made through the participants EBT card but not counted as cash assistance. Bonuses will be keyed after the monthly cash assistance payment has been released.

The DWS Workforce Specialist will assess prior work participation and select the indicator in ANSWER to trigger the appropriate bonus payment. The bonus payment indicator should be marked at the same time as the work participation is entered each month. (See Work Pays [TEA 10504](#) for keying of work participation hours.)

10600.1 Bonus 1: Three (3) Months Job Retention Target

Participants that meet the work participation requirements for three consecutive months will receive a bonus in the amount of \$400.00.

10600.2 Bonus 2: Additional Six (6) Months Job Retention Target

Participants that meet the work participation requirements for an additional six (6) consecutive months not including the initial three (3) months in bonus 1 above will receive a job retention bonus in the amount of \$600.

10600.3 Bonus 3: Exit Bonus

Upon closure of the Work Pays case due to time limits, participants that have met the work participation requirements for 21 out of 24 months will receive an exit bonus in the amount of \$800.

10600.4 Earnings' Bonus: Case Closure Due to Earnings

The Work Pays participant may receive an earnings' bonus of \$1,200.00 anytime within the 24 months case time limit if their income exceeds 150% of the Federal Poverty Level (FPL) for their family size. The DWS Workforce Specialist will send a task to the eligibility worker stating that the participant's earnings appear to exceed the FPL. The Action Plan will remain open. The eligibility worker will determine continued eligibility. If earnings exceed FPL, the Work Pays case will be closed and notification will be sent to the DWS Workforce Specialist. The DWS Workforce Specialist will authorize the bonus to be issued and close the Action Plan after the bonus has been issued.

10600 Work Pays Bonus

10504 Payment Process



NOTE: If the Work Pays participant exits the program and re-enters the program, the participant will be eligible for bonuses not already received when their Work Pays eligibility has been re-established. (See Work Pays policy [TEA 10800](#) for the eligibility criteria for re-entry to the Work Pays program.)

10700 Non-Compliance

10710 Compliance with Child Support Enforcement

10700 Non-Compliance

Non-compliance occurs when a person who is required to participate in certain activities fails to do so. Below are two reasons that a Work Pays participant's case may be deemed in non-compliance.

1. fails to comply with the assigned work requirement (50% sanction); and/or
2. refuses to cooperate with the Child Support Enforcement (Automatic system generated sanction of 25%).

10710 Compliance with Child Support Enforcement

The participant will be required to comply with the Office of Child Support Enforcement. Failure to comply without good cause will result in a 25% sanction being imposed. This sanction is an automatic system generated sanction and requires no action on the part of the DWS Workforce Specialist

10720 Good Cause for Work Non-Compliance

The sanction process will not be applied if the person demonstrates that he or she had good cause for not complying. The determination of good cause is a decision made by each local office. For acceptable good cause reasons, refer to [TEA policy 3801.2](#).

10730 Determining Good Cause for Work Non-Compliance

Once failure to comply with Work Pays requirements has been established, the following procedures will be followed:

1. Contact the participant to give him/her the opportunity to explain why he or she failed to comply and make a determination of good cause, if appropriate. This contact should be in writing. If the contact is made by phone or face-to-face, the case record must be documented accordingly. The DWS Workforce Specialist should provide the participant, at a minimum, the following information:
 - a. The specific act of non-compliance;
 - b. A reasonable time to establish good cause prior to applying the sanction.
 - c. That if the sanction is imposed, it will result in the Work Pays payment being reduced; and
 - d. That the sanction months in which benefits are received will continue to count toward the participant's 24-month time limit.

10700 Non-Compliance

10740 Non-Compliance Sanction

2. If the participant contacts the local office and good cause is determined to exist, then a full payment will be authorized.
3. In the event good cause is not established and the participant does not cooperate, the cash assistance payment will be reduced.
4. An adequate notice will be sent to the participant advising that a sanction is being imposed.

10740 Non-Compliance Sanction

If on the 5th workday of the month, verification of hours has not been received, a notice is sent requesting documentation. If the documentation is not received within the 10 days provided in the sanction notice and good cause is not established, a 50% sanction (reduction in benefits) will be imposed on the Work Pays case. (Refer to Work Pays Policy [TEA 10504](#) to apply the sanction.)

If a participant does not comply with both the work requirement and the Office of Child Support Enforcement, the sanction applied will not exceed 50%.

If the participant fails to meet the participation requirements, then the participant will be sanctioned. The payment for a sanctioned participant is 50% or \$102.

Home visits will be required on Work Pays cases when an act of non-compliance occurs.

10750 Lifting the Sanction

If the participant fully participates in the next month following a sanctioned payment, the DWS Workforce Specialist will authorize a full payment.

10800 Re-entry to Work Pays

10750 Lifting the Sanction

10800 Re-entry to Work Pays

Re-entry into the Work Pays Program is through the TEA Program. A participant can re-enter Work Pays if they are within six months of their last TEA case closure and all Work Pays eligibility requirements are met. A participant who leaves the Work Pays Program due to insufficient work hours may re-enter the program once they establish that they are in a paid work activity with a minimum of twenty-four (24) hours per week and met the federal work participation requirement for the past month. Otherwise, re-entry to Work Pays will occur through TEA eligibility and transition to Work Pays upon TEA case closure.

10900 Overpayment

10750 Lifting the Sanction

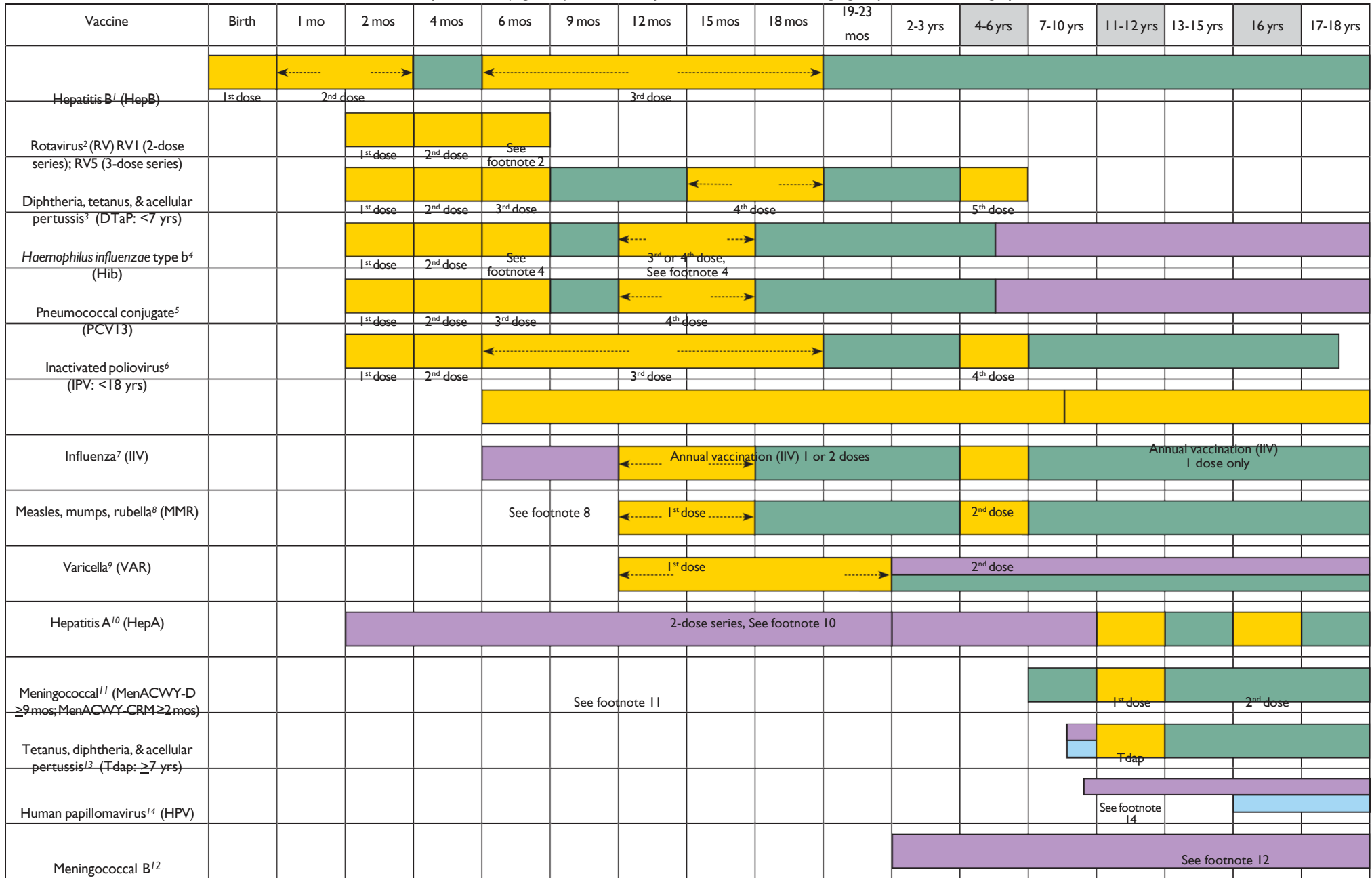
10900 Overpayment

Any payment received by or for a participant which is in excess of the amount that should have been paid is an overpayment. However, only those overpayments described in [TEA policy 9000](#) will be reported and collection pursued.

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).


These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.



Pneumococcal polysaccharide⁵ (PPSV23)

See footnote 5




 Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making

No recommendation 

NOTE: The above recommendations must be read along with the footnotes of this schedule.

APPENDIX B

Work Pays Income Limits Effective April 1, 2019

Work Pays Income Limits		Effective April 1, 2019	
Family Size	100%	150%	
1	1041.00	1561.00	
2	1409.00	2114.00	
3	1778.00	2666.00	
4	2146.00	3219.00	
5	2514.00	3771.00	
6	2883.00	4324.00	
7	3251.00	4876.00	
8	3619.00	5429.00	
9	3988.00	5981.00	
10	4356.00	6534.00	
For each additional member add:	368.00	553.00	

PROPOSED CLIENT FEE CHART at 60% OF STATE MEDIAN INCOME

Family Size	Monthly Income 0% to 40%	Monthly Income 40.01% up to 45.00%	Monthly Income 45.01% up to 50.00%	Monthly Income 50.01% up to 55.00%	Monthly Income 55.01% up to 60.0%	60.01% to 100%	ANNUALLY 60.00%	2007 Med Income	60% Med Inc
1	0 to \$1,059.60	\$1,059.61 \$1,192.05	\$1,192.06 \$1,324.50	\$1,324.51 \$1,456.95	\$1,456.96 \$1,589.40	\$1,589.41	\$19,073	31,788	19,073
2	0 to \$1,357.93	\$1,357.94 \$1,527.68	\$1,527.69 \$1,697.42	\$1,697.43 \$1,867.16	\$1,867.17 \$2,036.90	\$2,036.91	\$24,443	40,738	24,443
3	0 to \$1,508.07	\$1,508.08 \$1,696.58	\$1,696.59 \$1,885.08	\$1,885.09 \$2,073.59	\$2,073.60 \$2,262.10	\$2,262.11	\$27,145	45,242	27,145
4	0 to \$1,796.80	\$1,796.81 \$2,021.40	\$2,021.41 \$2,246.00	\$2,246.01 \$2,470.60	\$2,470.61 \$2,695.20	\$2,695.21	\$32,342	53,904	32,342
5	0 to \$2,026.80	\$2,026.81 \$2,280.15	\$2,280.16 \$2,533.50	\$2,533.51 \$2,786.85	\$2,786.86 \$3,040.20	\$3,040.21	\$36,482	60,804	36,482
6	0 to \$2,256.80	\$2,256.81 \$2,538.90	\$2,538.91 \$2,821.00	\$2,821.01 \$3,103.10	\$3,103.11 \$3,385.20	\$3,385.21	\$40,622	67,704	40,622
7	0 to \$2,486.80	\$2,486.81 \$2,797.65	\$2,797.66 \$3,108.50	\$3,108.51 \$3,419.35	\$3,419.36 \$3,730.20	\$3,730.21	\$44,762	74,604	44,762
8	0 to \$2,716.80	\$2,716.81 \$3,056.40	\$3,056.41 \$3,396.00	\$3,396.01 \$3,735.60	\$3,735.61 \$4,075.20	\$4,075.21	\$48,902	81,504	48,902
9	0 to \$2,946.80	\$2,946.81 \$3,315.15	\$3,315.16 \$3,683.50	\$3,683.51 \$4,051.85	\$4,051.86 \$4,420.20	\$4,420.21	\$53,042	88,404	53,042
10	0 to \$3,176.80	\$3,176.81 \$3,573.90	\$3,573.91 \$3,971.00	\$3,971.01 \$4,368.10	\$4,368.11 \$4,765.20	\$4,765.21	\$57,182	95,304	57,182
11	0 to \$3,406.80	\$3,406.81 \$3,832.65	\$3,832.66 \$4,258.50	\$4,258.51 \$4,684.35	\$4,684.36 \$5,110.20	\$5,110.21	\$61,322	102,204	61,322
12	0 to \$3,636.80	\$3,636.81 \$4,091.40	\$4,091.41 \$4,546.00	\$4,546.01 \$5,000.60	\$5,000.61 \$5,455.20	\$5,455.21	\$65,462	109,104	65,462
13	0 to \$3,866.80	\$3,866.81 \$4,350.15	\$4,350.16 \$4,833.50	\$4,833.51 \$5,316.85	\$5,316.86 \$5,800.20	\$5,800.21	\$69,602	116,004	69,602
14	0 to \$4,096.80	\$4,096.81 \$4,608.90	\$4,608.91 \$5,121.00	\$5,121.01 \$5,633.10	\$5,633.11 \$6,145.20	\$6,145.21	\$73,742	122,904	73,742
15	0 to \$4,326.80	\$4,326.81 \$4,867.65	\$4,867.66 \$5,408.50	\$5,408.51 \$5,949.35	\$5,949.36 \$6,490.20	\$6,490.21	\$77,882	129,804	77,882
PARENT PAYS:	NO FEE	20% OF FEE	40% OF FEE	60% OF FEE	80% OF FEE	100%			

Source: U.S. Census Data, FFY 2007

Example: A two-parent household with three children has one parent working 40 hours per week at \$10.00 per hour. Another parent works 35 hours per week at \$8.50 per hour.

<p>USE THE FOLLOWING MULTIPLIERS TO CONVERT VARIOUS INCOME TO MONTHLY INCOME:</p> <p>Weekly Income x 4.334</p> <p>Bi-Weekly Income x 2.167</p> <p>Twice Monthly Income x 2</p> <p>Monthly Income x 1</p>
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Parent #1: 40 hours x \$10/hr =	\$400.00 per week
Parent #2: 35 hours x \$8.50/hr =	\$297.50 per week
Total	\$697.50 per week

Convert to monthly amount----->	\$697.50 x 4.334 =	\$3,022.97 per month
	Standard deduction	<u>-200.00</u>
	Adj. Monthly Income	\$2,822.97

Under the fee chart for a family of 5, you will see that \$2,822.97 falls under the 80% OF FEE column. This parent is eligible with a 80% co-pay.

TRANSITIONAL EMPLOYMENT ASSISTANCE – APPENDIX F

FEDERAL POVERTY LEVELS Monthly Levels (April 1, 20011 until March 31, 2012)

FAMILY MEDICAID CATEGORIES

Family Size	ARKids A Children 6 & Over & AR Health Care Access	ARKids A Children Under Age 6	Transitional Medicaid	SOBRA, Pregnant Women, Family Planning & ARKids First B
	100%	133%	185%	200%
1	907.50	1206.98	1678.88	1815.00
2	1225.83	1630.35	2267.79	2451.66
3	1544.17	2053.75	2856.71	3088.34
4	1862.50	2477.13	3445.63	3725.00
5	2180.83	2900.50	4034.54	4361.66
6	2499.17	3323.90	4623.46	4998.34
7	2817.50	3747.28	5212.38	5635.00
8	3135.83	4170.65	5801.29	6271.66
9	3454.16	4594.03	6390.20	6908.32
10	3772.49	5017.41	6979.11	7544.98
Each addl member add:	318.33	423.38	588.91	636.66

AABD MEDICAID CATEGORIES

	ARSeniors Equal to or Below 80%	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QDWI & TB Equal To or Below 200%	Working Disabled 250%
Individual	726.00	907.50	1089.00	1225.13	1815.00	2268.75
Couple	980.66	1225.83	1471.00	1654.87	2451.66	3064.58
For each additional family member in the Working Disabled category add:						795.83

TRANSITIONAL EMPLOYMENT ASSISTANCE – APPENDIX F

FEDERAL POVERTY LEVELS Monthly Levels (April 1, 2009 until superseded)

FAMILY MEDICAID CATEGORIES

Family Size	ARKids A Children 6 & Over & AR Health Care Access	ARKids A Children Under Age 6	Transitional Medicaid	SOBRA, Pregnant Women, Family Planning & ARKids First B
	100%	133%	185%	200%
1	902.50	1200.33	1669.63	1805.00
2	1214.17	1614.85	2246.21	2428.34
3	1525.83	2029.35	2822.79	3051.66
4	1837.50	2443.88	3399.38	3675.00
5	2149.17	2858.40	3975.96	4298.34
6	2460.83	3272.90	4552.54	4921.66
7	2772.50	3687.43	5129.13	5545.00
8	3084.17	4101.95	5705.71	6168.34
9	3395.84	4516.47	6282.30	6791.68
10	3707.51	4930.99	6858.89	7415.02
Each addl member add:	311.67	414.52	576.59	623.34

AABD MEDICAID CATEGORIES

	ARSeniors Equal to or Below 80%	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QDWI & TB Equal To or Below 200%	Working Disabled 250%
Individual	722.00	902.50	1083.00	1218.38	1805.00	2256.25
Couple	971.34	1214.17	1457.00	1639.13	2428.34	3035.42
For each additional family member in the Working Disabled category add:						779.18

TRANSITIONAL EMPLOYMENT ASSISTANCE – APPENDIX F

2003 Monthly Levels (April 1, 2004 until March 31, 2005)

Family Medicaid Categories

Family Size	ARKids A Children 6 & Over & AR Health Care Access	ARKids A Children Under Age 6	Transitional Medicaid	SOBRA, Pregnant Women, Family Planning & ARKids First B
	100%	133%	185%	200%
1	775.83	1031.85	1435.29	1551.66
2	1040.83	1384.30	1925.54	2081.66
3	1305.83	1736.75	2415.79	2611.66
4	1570.83	2089.20	2906.04	3141.66
5	1835.83	2441.65	3396.29	3671.66
6	2100.83	2794.10	3886.54	4201.66
7	2365.83	3146.55	4376.79	4731.66
8	2630.83	3499.00	4867.04	5261.66
9	2895.83	3851.45	5357.29	5791.66
10	3160.83	4203.90	5847.54	6321.66
Each addl member add:	265.00	352.45	490.25	530.00

AABD Medicaid Categories

	ARSeniors Equal to or Below 80%	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QDWI & TB Equal To or Below 200%	Working Disabled 250%
Individual	620.66	775.83	931.00	1047.37	1551.66	1939.58
Couple	832.66	1040.83	1249.00	1405.12	2081.66	2602.08
For each additional family member in the Working Disabled category add:						662.50

TRANSITIONAL EMPLOYMENT ASSISTANCE – APPENDIX F

2003 Monthly Levels (April 1, 2003 through March 31, 2004)

Family Medicaid Categories

Family Size	ARKids A Children 6 & Over & AR Health Care Access	ARKids A Children Under Age 6	Transitional Medicaid	SOBRA, Pregnant Women, Family Planning & ARKids First B
	100%	133%	185%	200%
1	748.33	995.28	1384.42	1496.66
2	1010.00	1343.30	1868.50	2020.00
3	1271.67	1691.32	2352.58	2543.34
4	1533.33	2039.33	2836.67	3066.66
5	1795.00	2387.35	3320.75	3590.00
6	2056.67	2735.37	3804.83	4113.34
7	2318.33	3083.38	4288.92	4636.66
8	2580.00	3431.40	4773.00	5160.00
9	2841.67	3779.42	5257.09	5683.34
10	3103.34	4127.44	5741.18	6206.68
Each addl member add:	261.67	348.02	484.09	523.34

AABD Medicaid Categories

	ARSeniors Equal to or Below 80%	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QDWI & TB Equal To or Below 200%	Working Disabled 250%
Individual	598.66	748.33	898.00	1010.25	1496.66	1870.82
Couple	808.00	1010.00	1212.00	1363.50	2020.00	2525.00
For each additional family member in the Working Disabled category add:						654.17

TRANSITIONAL EMPLOYMENT ASSISTANCE – APPENDIX F

2002 Monthly Levels (April 1, 2002 through March 31, 2003)

Family Medicaid Categories

Family Size	ARKids A Children 6 & Over & AR Health Care Access	ARKids A Children Under Age 6	Transitional Medicaid	SOBRA, Pregnant Women, Family Planning & ARKids First B
	100%	133%	185%	200%
1	738.33	981.98	1,365.92	1,476.66
2	995.00	1,323.35	1,840.75	1,990.00
3	1,251.67	1,664.72	2,315.58	2,503.34
4	1,508.33	2,006.08	2,790.25	3,016.66
5	1,765.00	2,347.45	3,265.25	3,530.00
6	2,021.67	2,688.82	3,740.08	4,043.34
7	2,278.33	3,030.18	4,214.92	4,556.66
8	2,535.00	3,371.55	4,689.75	5,070.00
9	2,791.67	3,712.92	5,164.59	5,583.34
10	3,048.34	4,054.29	5,639.43	6,096.68
Each addl member add:	256.67	341.37	474.84	513.34

AABD Medicaid Categories

	ARSeniors Equal to or Below 80%	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QDWI & TB Equal To or Below 200%	Working Disabled 250%
Individual	590.66	738.33	886.00	996.75	1,476.67	1,845.82
Couple	796.00	995.00	1,194.00	1,343.25	1,990.00	2,487.50
For each additional family member in the Working Disabled category add:						641.67

TRANSITIONAL EMPLOYMENT ASSISTANCE – APPENDIX F

2001 Monthly Levels (April 1, 2001 through March 31, 2002)

Family Medicaid Categories

Family Size	ARKids A Children 6 & Over & AR Health Care Access	ARKids A Children Under Age 6	Transitional Medicaid	SOBRA, Pregnant Women, Family Planning & ARKids First B
	100%	133%	185%	200%
1	715.83	952.05	1,324.29	1,431.66
2	967.50	1,286.78	1,789.88	1,935.00
3	1,219.17	1,621.50	2,255.46	2,438.34
4	1,470.83	1,956.20	2,721.04	2,941.66
5	1,722.50	2,290.93	3,186.63	3,445.00
6	1,974.17	2,625.65	3,652.21	3,948.34
7	2,225.83	2,960.35	4,117.79	4,451.66
8	2,477.50	3,295.08	4,583.38	4,955.00
9	2,729.17	3,629.80	5,048.96	5,458.34
10	2,980.84	3,964.52	5,514.54	5,961.68
Each addl member add:	251.67	334.72	465.58	503.34

AABD Medicaid Categories

	ARSeniors Equal to or Below 80%	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QDWI & TB Equal To or Below 200%	Working Disabled 250%
Individual	715.83	859.00	966.37	1,252.70	1,431.67	1,789.57
Couple	967.50	1,161.00	1,306.13	1,693.13	1,935.00	2,418.75
For each additional family member in the Working Disabled category add:						629.18

TRANSITIONAL EMPLOYMENT ASSISTANCE – APPENDIX F

2000 Monthly Levels (April 1, 2000 through March 31, 2001)

Family Medicaid Categories

Family Size	ARKids A Children 6 & Over & AR Health Care Access	ARKids A Children Under Age 6	Transitional Medicaid	SOBRA, Pregnant Women, Family Planning & ARKids First B
	100%	133%	185%	200%
1	695.83	925.45	1,287.29	1,391.66
2	937.50	1,246.88	1,734.38	1,875.00
3	1,179.17	1,568.30	2,181.46	2,358.34
4	1,420.83	1,889.70	2,628.54	2,841.66
5	1,662.50	2,211.13	3,075.63	3,325.00
6	1,904.17	2,532.55	3,522.71	3,808.34
7	2,145.83	2,853.95	3,969.79	4,291.66
8	2,387.50	3,175.38	4,416.88	4,775.00
9	2,629.17	3,496.80	4,863.96	5,258.34
10	2,870.83	3,818.20	5,311.04	5,741.66
Each addl member add:	241.67	321.42	447.09	483.34

AABD Medicaid Categories

	ARSeniors Equal to or Below 80%	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QDWI & TB Equal To or Below 200%	Working Disabled 250%
Individual	695.83	835.00	939.37	1,217.70	1,391.66	695.83
Couple	937.50	1,125.00	1,265.63	1,640.63	1,875.00	937.50

TRANSITIONAL EMPLOYMENT ASSISTANCE – APPENDIX F

1999 Monthly Levels (April 1, 1999 through March 31, 2000)

Family Medicaid Categories

Family Size	ARKids A Children 6 & Over & AR Health Care Access	ARKids A Children Under Age 6	Transitional Medicaid	SOBRA, Pregnant Women, Family Planning & ARKids First B
	100%	133%	185%	200%
1	686.67	913.27	1,270.34	1,373.34
2	921.67	1,225.82	1,705.09	1,843.34
3	1,156.67	1,538.37	2,139.84	2,313.34
4	1,391.67	1,850.92	2,574.59	2,783.34
5	1,626.67	2,163.47	3,009.34	3,253.34
6	1,861.67	2,476.02	3,444.09	3,723.34
7	2,096.67	2,788.57	3,878.84	4,193.34
8	2,331.67	3,101.12	4,313.59	4,663.34
9	2,566.67	3,413.67	4,748.34	5,133.34
10	2,801.67	3,726.22	5,183.09	5,603.34
Each addl member add:	235.00	312.55	434.75	470.00

AABD Medicaid Categories

	ARSeniors Equal to or Below 80%	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QDWI & TB Equal To or Below 200%	Working Disabled 250%
Individual	686.67	824.00	927.00	1,201.67	1,373.34	686.67
Couple	921.67	1,106.00	1,244.25	1612.92	1,843.34	921.67

TRANSITIONAL EMPLOYMENT ASSISTANCE APPENDIX O: AFDC OVERPAYMENTS

AFDC Overpayments Appendix

9001 Definition of Overpayment

AFDC Overpayments Appendix

This appendix provides the policy and procedures which will be followed to determine and report any overpayments which have occurred in the AFDC program prior to July 1, 1997, and are discovered and/or reported in or after July 1997.

The FA Manual references in this Appendix are to the Financial Assistance Manual which was in effect on June 30, 1997.

This appendix will not be used to determine any overpayment occurring in the TEA program in or after July 1997. Specific TEA overpayment policy and procedures will be issued separately.

9000 Overpayments

9001 Definition of Overpayment

9000 Overpayments

FA Manual 10/1/83

9001 Definition of Overpayment

Any payment received by or for a recipient which is in excess of the amount that should have been paid is an overpayment. It exists for each month the recipient received such payment to which he was not entitled. It may be for all or any part of the grant. An overpayment may result from the recipient having given fraudulent information, having withheld information, having failed to report information, or having failed to report a change in circumstances; from the agency having made an error or having failed to take action; or from a combination of these factors.

SPECIAL NOTES:

1. By definition, no "overpayment" exists if the recipient does not present the warrant for payment; and
2. By definition, calculations to determine overpayments must be in accordance with eligibility requirements and budgetary procedures and allowances in effect at the time of such overpayment, not the time of discovery and computation.

9002 Definition of Fraud

FA Manual 10/1/83

Fraud consists of some deceitful practice or felonious device resorted to with the intent to receive an assistance grant to which an individual is not entitled under the rules and regulations of the Division.

9003 Fraud-Legal Provision

FA Manual 10/1/83

Arkansas Statute 41-2203 provides that a person commits theft of property if he knowingly obtains the property of another person, by deception or by threat, with the purpose of depriving the owner thereof. (Other Arkansas Criminal Statutes concerning welfare fraud were repealed during the 1979 session of the General Assembly.)

Only the Courts can determine guilt under the statute and impose the legal penalty. The responsibility of the Service Representative is to determine where there may be "intent to

9000 Overpayments

9004 Determining the Overpayment Amount

defraud" on the part of the client or other persons and report their findings to the Overpayments Unit.

9004 Determining the Overpayment Amount

FA Manual 2/1/89

The policy, procedures, and need standards which were in effect at the time the client was overpaid will be used to determine the overpayment amount. The overpayment will be determined on a month by month basis. For cases in which a change in circumstances caused the overpayment, except for changes in income or resources, the overpayment will begin with the first month following the month the change occurred. For example, the absent parent returned to the home in June. The overpayment will begin in July. Overpayments due to income or resources will be determined as outlined in FA 9005-9009.

The overpayment amount will be the difference between the grant amount which was paid and the grant amount for which the client was actually eligible.



NOTE: For overpayments occurring in or after November, 1981, if the client was actually eligible for an amount less than \$10, then the overpayment amount will be the full grant amount which was paid.

9004.1 Determining an Overpayment Due to the Improper Exclusion of a Standard Filing Unit Member

FA Manual 2/1/89

In cases in which a required Standard Filing Unit member has been improperly excluded from the assistance unit, an overpayment will be determined only if inclusion of such person's needs, income, and resources would have rendered the unit ineligible or eligible for a lesser grant amount.

Beginning with the month following the month in which the person became a required Standard Filing Unit member, e.g. entered the home, became deprived of parental support or care, etc., a budget will be computed, with the person's needs, income, and resources considered, for each month in which the person was improperly excluded. The person does not have to have met all technical eligibility requirements, such as SSN enumeration, for each month. Since this type of overpayment will always involve income and/or resources, eligibility and grant amount will be determined in accordance with FA 9006-9009. Each month in which the unit would have been ineligible or would have been paid a smaller grant amount had the person been included will be reported as an overpayment month.

TRANSITIONAL EMPLOYMENT ASSISTANCE APPENDIX O: AFDC OVERPAYMENTS

9000 Overpayments

9005 Overpayments Due to Income Prior to June, 1982

No overpayment exists if inclusion of the person would have resulted in the same or a larger grant amount being paid to the unit.

EXAMPLES:

Ms. Smith receives AFDC for herself and one child. In June, her other child John, who had been living with his father, returned to the home. Also in June, she started receiving John's \$260 monthly SSA check. She failed to report, though, that John had returned until her next reevaluation in October. Since John is a half-sibling to the AFDC child, his needs and income must be included which renders the entire unit ineligible and the case is closed effective for November. To determine the overpayment, eligibility is determined for each month beginning with July and continuing through October with John's needs and income included. This results in the entire unit having been ineligible in each month. Therefore, the grant amount actually paid in each of those months will be reported as an overpayment.

At her reevaluation in May, Ms. Jones applies to add her new baby who was born in February. The baby does not have any current or past income or resources. Since inclusion of the baby would have resulted in a larger grant to the unit than was actually paid for the months of March - May, no overpayment exists even though Ms. Jones did not apply for the baby in a timely manner.

9005 Overpayments Due to Income Prior to June, 1982

FA Manual 11/1/91

Overpayments resulting from a change in income prior to June, 1982, will begin with the 2nd month following the month in which the change in income was first received. For example, the client began working December 28 but did not receive her first paycheck until January 7. The first month of overpayment will be March.

The overpayment amount for each month will be determined based on the actual gross income received and other circumstances which existed in the month. For example, March's overpayment amount will be determined based on the gross income received and other circumstances which existed in March.

If the overpayment extends into June, 1982 or later, then the amount beginning with June, 1982 will be determined as outlined in FA 9006.1.

9000 Overpayments

9006 Determining Overpayments Due to Non-Lump Sum Income - June, 1982 and Later

9006 Determining Overpayments Due to Non-Lump Sum Income - June, 1982 and Later

FA Manual 11/1/91

The procedures for determining an overpayment due to non-lump sum income beginning in June, 1982 and later are explained in detail in the following section.

FA Manual 11/1/91 9006.1 Overpayments Due to Non-Lump Sum Income Beginning June, 1982 through September, 1990

Overpayments occurring in or after June, 1982 and through September, 1990, which are due to income, other than lump sum payments, will be determined as follows:

1. Beginning with the month in which the change in income was first received, determine eligibility month by month based on the gross income received and other circumstances which existed in each month. (prospective budgeting)
2. If ineligibility exists in any month as determined in Step #1, then the grant paid in that month is an overpayment even if the client was eligible on the date the grant was paid. **EXAMPLE:** The client began working on June 6 and received 3 paychecks in June. The total of those 3 paychecks exceeded the 185% gross income limit. Since ineligibility exists for the month of June, the grant paid on June 1 is a recoverable overpayment.



- NOTE:** This applies only when ineligibility occurs due to a change in non-lump sum income or resources (Refer to FA 9009). When other changes occur causing ineligibility, e.g. return of the absent parent, then the grant paid in the month of change is not an overpayment (Refer to FA 9004).
3. If eligibility exists in a month as determined in Step #1, then the eligible grant amount for the month will be determined based on the gross income received and other related circumstances which existed in the month's corresponding budget month (second month immediately preceding the payment month - retrospective budgeting) unless either or both of the 2 months immediately preceding the payment month were ineligible months (Refer to Step #4).

EXAMPLE: The client received 1 paycheck in June rendering her eligible for a June payment. The grant amount is then based on June's corresponding budget month (April) in which she had no income. Therefore, the grant paid in June was correct and no overpayment exists for June.

TRANSITIONAL EMPLOYMENT ASSISTANCE APPENDIX O: AFDC OVERPAYMENTS

9000 Overpayments

9006 Determining Overpayments Due to Non-Lump Sum Income - June, 1982 and Later



NOTE: Changes in income that occurred in August or September, 1990 will be reflected in August or September grants because retrospective budgeting cannot be used for October 1990 and November 1990 grants.

- The grant amount for the first 2 eligible months following a month(s) of ineligibility will be determined using prospective budgeting, i.e. actual income and circumstances in that month.

EXAMPLE: For the months of June and July, eligibility exists and the correct grant amounts are determined using retrospective budgeting. In August, the client is ineligible for a payment as determined in Step #1. In September and October eligibility exists again. Since the month of ineligibility (August) broke the retrospective budgeting cycle, the eligible grant amounts for September and October will be based on the income and other circumstances in September and October. If eligibility continues to exist in November, then the retrospective budgeting cycle will begin again.

EXAMPLE OVERPAYMENT DETERMINATION:

In December the worker discovers that a client has been receiving monthly contributions since May. The January grant is adjusted to reflect the contributions. For the months of May - December, her AFDC grant was \$116/month for herself and 1 child. The following shows the overpayment determination for those months.

Monthly Income	May	June	July	Aug	Sept	Oct	Nov	Dec
Monthly Income	\$125	\$125	\$100	\$110	\$95	\$100	\$100	\$100
Eligibility (Yes or No)	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Grant Computation Prospective or Retrospective			P	P	R	R	R	R
Eligible Grant Amount	0	0	\$16	\$6 (No Grant)	\$16	\$6 (No Grant)	\$21	\$16
Overpayment Amount	\$116	\$116	\$100	\$116	\$100	\$116	\$95	\$100

9000 Overpayments

9007 Application of Sanction for Untimely Report of Earnings and 4 Month Exclusions Limit

9006.2 Overpayments Due to Non-Lump Sum Income In or After October, 1990

FA Manual 11/1/91

Overpayments occurring in or after October, 1990 which are due to income other than lump sum payments, will be determined as follows:

1. Beginning with the month in which the change in income was first received, determine eligibility and grant amount based on the actual gross income received and other circumstances which existed in each month. The weekly and bi-weekly income will not be converted into monthly amounts. The overpayment will be determined based on actual income received in the month.
2. If appropriate, the sanction for an untimely report of earnings will be applied to determine the overpayment amount for each month beginning with the month in which the change occurred and each subsequent month in which the earnings were not reported timely (Refer to FA 2367).

Any month in which the grant amount paid to the client is greater than the amount to which the client was actually entitled will be reported as an overpayment month.

9007 Application of Sanction for Untimely Report of Earnings and 4 Month Exclusions Limit

FA Manual 11/1/91

When an overpayment is due to an untimely report of earned income, without good cause, the sanction for failure to report earnings timely will be applied when determining the overpayment amount. The sanction, i.e. no earned income deductions or exclusions allowed, will be applied to the earnings received in each month in which such earnings were not reported timely (Refer to FA 2367). The sanction will not be applied to determine eligibility under FA 9006.1, Step #1. If eligibility exists, then the sanction will be applied to determine the eligible grant amount for the month, if appropriate.

If the client has not already received 4 consecutive months of exclusions prior to the overpayment occurring, any overpayment month in which the sanction is applied is counted as one of the 4 months. Therefore, if the sanction is applied to 4 consecutive overpayment months, then the client is no longer entitled to receive the exclusions until he has been a non-recipient for 12 consecutive months (Refer to FA 2365.3).

9000 Overpayments

9008 Overpayments Due to Lump-Sum Income Beginning June, 1982 through August, 1990

9008 Overpayments Due to Lump-Sum Income Beginning June, 1982 through August, 1990

FA Manual 11/1/91

When an overpayment occurs due to the receipt of a lump-sum payment in or after June 1982 and through August 1990, the first month of overpayment will be the payment month corresponding to the budget month in which the lump-sum was received (i.e. second month following the month lump sum was received). A period of ineligibility due to the lump-sum payment will be established as outlined in FA 2379.2. The full grant amount paid in any month during the period of ineligibility will be an overpayment.

9008.1 Overpayments Due to Lump Sum Income In or After September, 1990

FA Manual 11/1/91

When lump sum income is received in or after September, 1990, the period of ineligibility will be determined as outlined in FA 2379. The first month of ineligibility will be the month in which the lump sum payment was received. The full grant amount paid in any month during the period of ineligibility will be an overpayment.

9009 Overpayments Due to Excess Resources

FA Manual 11/1/91

When a case is found to be ineligible due to excess resources, the full grant amount paid in any month, including the month of change, in which the resources exceeded the allowable resource limit is an overpayment.

9010 Offsetting Overpayment with Underpayment

FA Manual 11/1/91

When a case is found to have been underpaid, such underpayment will be used to offset the amount of any outstanding overpayment claim. An overpayment may be offset with an underpayment when it is initially reported to the Overpayments Unit, Central Office, or at any later time. Form EMS-54, AFDC Underpayment/ Overpayment Offset Report, will be used to notify the Overpayments Unit of an offset.

The full amount of the underpayment will be applied to the overpayment. Any amount in excess of the outstanding claim will be authorized as retroactive payment (Refer to FA 2670).

9100 Reporting of Overpayments

9101 Procedure for Reporting Overpayments

9100 Reporting of Overpayments

FA Manual 11/1/91

Forms DHS-50 and DHS-1700 will be used to report overpayments. Any overpayment which is determined to exist according to FA 9004-9009 is a reportable overpayment.

9101 Procedure for Reporting Overpayments

FA Manual 11/1/91

9101.1 Recording Information in the Case Narrative

When an overpayment is discovered, the Service Representative will record in the case narrative the amount of the overpayment, the date the overpayment began, the reason(s) why the overpayment occurred, and any other pertinent information. If the overpayment occurred because the recipient provided false or incomplete information or failed to report a change in circumstances within ten days, the recipient will be advised of the possible consequences (request for repayment and/or prosecution for fraud) and asked to explain his action(s) or failure to act. His explanation will be recorded in the case narrative. When all information is recorded, the case record will be referred to the EMS County Supervisor or his/her designee for concurrence as to the correctness of the overpayment determination.

Field staff will refrain from making accusations of fraud to the recipient.

9101.2 Control Register and File

FA Manual 11/1/91

Each overpayment discovered will be entered in the register maintained in each local office.

The register will give the following information:

1. Name
2. Case Number
3. Date overpayment was discovered
4. Date, month/year overpayment started
5. Date referred to Overpayments Unit
6. Suspected fraud
7. Non-Fraud

9100 Reporting of Overpayments

9102 Responsibility of Central Office Overpayments Unit

9101.3 Referral to Central Office Overpayments Unit

FA Manual 11/1/91

All cases involving incorrect payment, resulting in overpayments or ineligibility and overpayment, shall be referred to the Overpayments Unit in Central Office. The referral form will be the original DHS-50. All sections must be completed and answered in full. In addition, the worker must attach a copy of the EMS-7/s containing the budget calculations used to establish the overpayment amount reported in Section VI of the DHS-50.

If fraud is suspected, the County Office should conduct an investigation and submit Forms DHS-50 and DHS-1700.

If the County Office investigation is unable to establish the full amount of the overpayment, Form DHS-1700 will be completed and forwarded to the Overpayments Unit. A memorandum will be attached to the DHS-1700 detailing the County Offices efforts and explaining why they were unable to establish the overpayment.

The Central Office Overpayments Unit will register all overpayment referrals. All cases of suspected fraud will be immediately brought to the attention of the DHS Fraud Unit. The manager of the Fraud Unit, or his designee, will screen all overpayment referrals at least weekly and select the appropriate referrals for further investigation. After screening, rejected referrals will be so noted as to reason for rejection, and the document signed by the Fraud Unit Manager or designee.

If the case is selected for further fraud investigation, the Overpayments Unit will not pursue recovery until notification from the Fraud Unit that the case has been declined for prosecution, agreement reached with client and case not going to court (signed agreement) or the case has been adjudicated. The stipulations of the court order will be given to the Overpayments Unit by memorandum from the Fraud Unit.

If it is found in the fraud investigation that the period of time and/or the amount of the overpayment or ineligible payment is different from the original amount submitted by the County Office on the DHS-50, the Overpayments Unit will make the necessary adjustment.

9102 Responsibility of Central Office Overpayments Unit

FA Manual 11/1/91

The Overpayments Unit, Central Office, will make the decision concerning the feasibility of repayment for all overpayments and ineligibles whether they resulted from:

9100 Reporting of Overpayments

9103 Collections

- Administrative error.
- Misunderstanding of state policies or laws by the client.
- Willful withholding or incorrect statement of factual information by the client.

A Reviewing Official in the Overpayments Unit will:

1. Review information submitted by the local offices via DHS-50 and DHS-1700. Additional information from the local office may be requested when needed for a decision or further action.
2. Make a decision on the feasibility of seeking repayment relative to the disposition of the claim when collection and/or fraud referrals are indicated.

9103 Collections

FA Manual 11/1/91

The Central Office Overpayments Unit will make the determination relative to the disposition of the claim when collection and/or fraud referrals are indicated.

When an agreement is reached with the client, either by the Fraud Unit or Legal Unit, the Central Office Overpayments Unit will be apprised of whether:

1. Client has been sentenced;
2. Client's sentence has been suspended contingent upon restitution by court order;
3. Voluntary agreement to repay has been reached;
4. Signed agreement to repay has been negotiated;
5. Civil court action initiated and results.

9104 Finance and Accounting Central Office

FA Manual 11/1/91

Finance and Accounting in Central Office will be responsible for receiving and processing all monies collected.

9200 Recoupment and Recovery

9201 Definitions

9200 Recoupment and Recovery

FA Manual 11/1/91

9201 Definitions

RECOVERY – Regaining moneys lost by Arkansas Social Services as a result of a recipient receiving payments to which they were not entitled.

RECOUPMENT – Withholding of a cash amount from the assistance grant when a client has a pending claim due the state for some amount of ineligible cash payment.

RESTITUTION – Securing a direct payment from an individual in the form of cashier's check or money order made payable to Arkansas Social Services for overpayments received.

HARDSHIP SITUATION – A situation in which the client is in a state of being deprived of what is needed for basic subsistence, e.g., food, shelter, utilities.

GENERAL POLICY STATEMENT

Overpayments and ineligible payments made to recipients of AFDC are subject to recovery action in accordance with federal regulations.

The policy of this State is that recovery of overpayments will be pursued. An effort will be made to recover all overpayments. There will be no distinction between willful and non-willful withholding of information by the recipient, i.e., reasonable and practical steps to correct and collect any overpayment that is known to the State will be made regardless of whether the reason for the error was caused by the agency or the client.

It is not the policy of this State to inflict hardship on individuals or their families by means of its recovery policies, therefore, the following rules will be followed:

1. Recovery may be made from income, liquid resource, or reduction in AFDC assistance payment.
2. The amount to be recouped from the AFDC payment will not exceed 10% of the households reduced needs standard as applicable under the IV-A State plan.
3. Recovery will be made from the individual who caused the overpayment, or if the person responsible for the overpayment has left the household, recovery will be made from any other individual who was a member of the overpaid Assistance Unit.
4. Correction of "any" overpayment or under payment will be made regardless of the cost effectiveness.

9200 Recoupment and Recovery

9203 Recovery Procedure

5. In all situations in which an overpayment has occurred and the recipient is currently receiving AFDC payment, recoupment of the overpayment will be initiated unless the recipient makes full restitution.
6. The amount of an outstanding overpayment will be used to offset an outstanding underpayment if an Assistance Unit has both.
7. When a former recipient with an outstanding overpayment reapplies and is found eligible, recoupment will be reactivated based on the recipient's current level of payment, income, and liquid resources.

Similarly, corrective payments will be made to a former recipient who has an outstanding underpayment, who reapplies and is found eligible.

9203 Recovery Procedure

FA Manual 11/1/91

All cases of ineligible payments and overpayments must be reported to the Overpayments Unit in Central Office.

The Overpayments Unit shall decide whether payments to ineligibles and/or overpayments will be pursued for recovery and the method of recovery.

9204 Recoupment Restrictions

FA Manual 11/1/91

Overlapping or duplication of AFDC by Supplemental Security Income (SSI) is not subject to recoupment or restitution. This will be handled by the Social Security Administration.

Restitution of some or all of an overpayment can be accepted before or at the time of initiation of recoupment, while recoupment is in process or after closure.

If monthly recoupment amount or maximum recoupment amount exceeds maximum grant amount, the monthly recoupment amount will be grant amount less one dollar.

9205 Central Office Overpayments Unit Responsibility

FA Manual 11/1/91

If the decision is made by the Central Office Overpayments Unit to recoup the overpayment by a deduction from the current assistance payments to the recipient, the Overpayments Unit will:

9200 Recoupment and Recovery

9206 Keeping Central Office Informed

1. Spend a 10 day advance notice to the client direct from Central Office, explaining the recoupment decision, and the amount that will be deducted from the payment so the recipient will know the reason for the grant change.
2. Initiate recoupment by reducing the grant if the client does not request a fair hearing during the 30 day advance notice period

Local offices will be advised by the Central Office Overpayments Unit of:

1. The total amount of the recoupment;
2. The amount of monthly deduction;
3. The number of months deductions will be made; and
4. The effective date.

9206 Keeping Central Office Informed

FA Manual 11/1/91

The county office shall promptly report, by memorandum to the Central Office Overpayments Unit, any pertinent information (coming to its attention) which would have an affect on an established overpayments claim that has not been satisfied such as, but not limited to:

1. Hardship situations;
2. Acquisition of resources or income that may increase the client's ability to repay;
3. Deaths;
4. Change of address.
5. Recertification of case after closure.

Contacts With Clients

Letters – If clients or other interested persons have questions concerning recovery letters received directly from the Central Office, the County Office will refer them to the Central Office Overpayment Unit.

If clients wish to make arrangement for repayment, the County Office shall explain that the final decision regarding recovery rest with the Central Office Overpayments Unit and give the mailing address:

Arkansas Social Services

P. O. Box 1437

9200 Recoupment and Recovery

9250 State Income Tax Refund Interception

Little Rock, Arkansas 72203

ATTENTION: Overpayments Unit

9250 State Income Tax Refund Interception

FA Manual 11/1/91

Act 372 of 1983 as amended (Ark. StatS. Ann. § § 84-4901 thru 84-4918) and Act 987 of 1985 authorizes the collection of AFDC overpayments through the interception of State Income Tax Refunds.

Office of financial Management will submit a list of recipients who have received AFDC benefits in excess of the amount they are eligible to receive and the amount of this excess to the Data Processing Section, Arkansas Social Services. This list will be certified by Overpayments Unit of financial Management. Data Processing will combine the list by social security number with a list prepared by the Child Support Enforcement Central Office, of delinquent obligors of past due child support.

Act 987 requires prenotification to debtors of intent to set off debts listed, prior to the annual debt loading with the Revenue Division of the Department of Finance and Administration. A computer-generated notice (SS-XA) of our intention to intercept refunds will be mailed prior to the annual loading date (Dec. 1). The SS-XA is sent on cases that have Overpayment Unit debts listed.

The taxpayer has 30 days from the date the notice was mailed to file a written request for a hearing (FA 9253). If no hearing is requested within 30 days, Revenue Loading will be effected. Tax Refunds will be mailed to the office of Financial Management to be allocated within the Department of Human Services Division in order of priority.

9251 Cases Eligible for Intercept

FA Manual 11/1/91

In order for a case to be submitted for State Tax Refund Intercept, the following conditions must be met:

- The amount owed the State must be approved by the overpayment Units.
- The taxpayer must have been notified of the Overpayment in at least one demand letter.
- The overpayment must be at least \$20.00.

9200 Recoupment and Recovery

9252 Allocation of State Tax Refund

If the State Tax Refund due a taxpayer is less than \$20.00, the Revenue Department will not intercept the refund.

9252 Allocation of State Tax Refund

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A State tax refund intercepted to apply against debts to the State shall normally be allocated as follows:

- Except for Current Court Ordered Fraud Conviction Overpayment Claims, a CSEU Claim shall have first priority. Any balance remaining after the CSEU Arrearage is met will be applied to Non-Judgment Overpayment Claims.
- A CSEU claim (for AFDC cases only) shall have first priority against the refund when there is not CFC claim with arrearages. Any balance remaining after the CSEU claim has been met will apply to food stamps, AFDC, and/or Medicaid overpayments.
- When only one overpayment claim exists, the refund will be applied against that claim. Should the refund be larger than the claim, the balance will be returned to the taxpayer by the Revenue Department.
- When more than one claim exists with the Food Stamps, AFDC, and Medicaid Program, the refund will be applied against the oldest claim first until the entire amount is used or all claims are paid. Any balance after these claims are satisfied will be allocated to other DHS Claims listed or will be returned to the taxpayer.

9253 State Tax Refund Intercept (STRI) Hearing Procedures

FA Manual 11/1/91

9253.1 Requesting and Scheduling Hearing

The taxpayer has thirty (30) days from the mailing date of the Intercept Notice to file a written request for a hearing. All hearing requests will be sent to Overpayments Recovery Unit (ORU) of Program Accounting. A chronological register of the hearing results will be maintained to ensure each request is acted upon in a timely manner. After the identifying information is placed on the register, a copy of the request will be sent to the local office which originated the case and a copy will be sent to the Hearing Officer. (Exception: If the taxpayer has moved to a different county, the county copy along with any case records will be forwarded to the current county of residence.) The County Office is required to complete Form SS-12203, County Office Fair Hearings Statement, and forward it to the Hearing Officer for receipt at least two (2) days before the hearing.

9200 Recoupment and Recovery

9253 State Tax Refund Intercept (STRI) Hearing Procedures

In the event the taxpayer is unable to be present on the date the hearing is scheduled, the hearing may be rescheduled one time at the taxpayers request. After that, the request for hearing will be considered abandoned. The rehearing must also be held within the thirty (30) day period from the date of the request. If the taxpayer does not appear at the hearing or give notice of inability to appear at least 24 hours before the hearing. The request will be considered abandoned. All rescheduling will be recorded on the Chronological Register.

Accompanying the hearing request, in a pending file, will be a set of hearing forms. The hearing form packet will contain an acknowledgement letter (Form SS-RR) and a hearing statement (Form SS-1612). These forms will be completed when the hearing is scheduled and conducted. When the acknowledgement letter is mailed to the taxpayer, a copy is held in the pending file, a copy is sent to the Hearing Officer, and a copy is sent to the County Office.

9253.2 Conducting STRI Hearing

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It is the responsibility of the Hearing Officer to attend the hearing. If this is not possible, the Hearing Officer will designate a representative to attend the hearing. The Hearing Officer (or representative) will review the case prior to the hearing.

The hearing shall be held in accordance with procedures established under Arkansas Stat. Ann. §5-701 et seq., the Administrative Procedures Act to determine the validity of the claim. It shall be determined at the hearing whether the claimed sum asserted as due and owing is correct.

In conducting the hearing, a representative from the local office will explain the facts of the overpayment. The taxpayer will be given an opportunity to offer evidence, or refute information presented by the local office. In the event the taxpayer requires additional time to provide evidence that would affect the outcome of the hearing, the Hearing Officer will complete the hearing to the extent possible and allow the taxpayer ten (10) days to submit the information to the county Office for final resolution of the case. The County Office then has five (5) days to recalculate the claim and forward the results to the Hearing Officer.

Because of the limited time frame allowed by the Revenue Department, it may become necessary to conduct hearings by conference call between the Social Services Central Office and the Local County Office. It will be the Hearing Officer's responsibility to ascertain that all relevant information is obtained and the hearing statement is complete. The Hearing Officer will prepare an original letter to the taxpayer summarizing the evidence presented at the hearing and advising the taxpayer of the decision. This letter will be sent to the STRI Hearing Review Committee for review and approval. If approved, it will be mailed to the taxpayer.

9200 Recoupment and Recovery

9253 State Tax Refund Intercept (STRI) Hearing Procedures

Composition of STRI Hearing Review Committee

The STRI Hearing Review Committee is composed of

1. The Administrator of Client Assistance, or a designee;
2. The legal advisor of the AFDC Program, or a designee; and
3. The Manager of the AFDC Program or a designee.

The STRI Hearing Review Committee shall review the finding of all hearings within thirty (30) days of the hearing (45 days when additional information was required). They may do so jointly or individually. If the Committee disagrees with the recommendations, the case may be returned to the Hearing Officer for review or rehearing. If the recommendation of the Hearing Officer is that the claim is invalid, only one member of the STRI Hearing Review Committee is required to approve this recommendation. This finding must be reviewed and returned to the Revenue Department within fifteen (15) days of the hearing for release of the tax refund.

After the review, the Director, Office of Legal Services, Arkansas Social Services Division, will sign off on the findings as the Office Agency Representative.

Voter Registration Appendix

The National Voter Registration Act of 1993 (P. L. 103-31) requires each state's public assistance agency to provide the customer the opportunity to complete a Voter Registration Application at any time a request for assistance is made. This requirement became effective January 1, 1996.

Voter registration is not a part of program eligibility requirements. Therefore, an application for assistance will not be denied nor will a case be closed due to failure to complete any forms in relation to voter registration. No forms or other documents related to voter registration except for the DHS-131 and Voter Registration Change of Status will be filed in the customer's case record.

DCO Employees will not:

1. Seek to influence a customer's political preference or party registration;
2. Display any such political preference or party allegiance;
3. Make any statement to a customer or take any action, the purpose or effect of which is to discourage the customer from registering to vote; or
4. Make any statement to a customer or take any action, the purpose or effect of which is, to lead the customer to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

Explanation & Offer

Each customer must be offered an opportunity to apply to register to vote when visiting the county office for purposes of applying for assistance, recertification/reevaluation, or for reporting changes of name or address. If a customer is applying for more than one service and is interviewed by two or more Program Eligibility Specialists on the same day, the offer has to be made at least once. The County Office will put into place a procedure that will ensure that the offer has been made.

Subsequent visits to the County Office for the purpose of completing the application/recertification process (e.g., customer returns the next day to furnish check stubs) will be considered part of the same application. Therefore, it is not necessary to make another offer for voter registration.

Who Can Make The Offer

The offer can be made by any employee or volunteer. If the offer is made by someone other than the Program Eligibility Specialist, a procedure must be in place to notify the worker that the offer was made to avoid duplication of effort during the program eligibility interview.

A Voter Registration Application form must be provided to anyone who requests one. If someone is not applying for DHS services but requests a Voter Registration Application form, the

worker will give him/her the form with instructions to mail it directly to the Secretary of State's office. A declaration form will not be given in this instance, nor will it count on the daily recap report.

Customer Acceptance

If a customer states she/he wishes to register to vote, she/he will be given a Voter Registration Application to complete. The voter registration application can be completed at the county office and given back to the receptionist or the customer can take it with him or her and mail directly to the designated address. Assistance in completing the form will be provided if requested. It is a local decision as to whether the Agency-Based Declaration Statement will be completed. If it is completed, a copy may be given to the customer if requested. It is a local decision as to whether the "yes" declarations will be kept in the county office. Do not mail the declaration forms to the Secretary of State's Office. The customer will be advised that a decision on his/her Voter Registration Application will be provided by the County Clerk's Office. If there are other adult household members a Voter Registration Application may be given to the customer for the other adult(s) to complete. However, if the other adult(s) chooses not to register, a declination form is not needed.

The worker will put the agency code on the voter registration application that applies at the time it is being completed. For example, if the customer is applying for Supplemental Nutrition Assistance Program benefits at the time a voter registration application is being completed, the worker would use the SNAP code. If the customer is applying for several programs, just use one code (worker choice).

Telephone Interviews and Authorized Representatives

Applicants who are interviewed by phone and indicate a desire to register to vote should be mailed a Voter Registration Application no later than the date that a determination (approval or denial) is made on the case. This applies to both initial applications and reevaluation/recertifications.

The Voter Registration Application form will be mailed to the applicant/recipient any time an authorized representative is interviewed on the customer's behalf.

If a customer makes a telephone request for a Voter registration Application form, one will be mailed to his/her mailing address.

Access Arkansas

Applicants who apply through Access Arkansas may apply directly online by following a link to the Secretary of State's website to register to vote.

SNAP/MSP Annual Review

Mail in applicants should be mailed an Arkansas Voter Registration Application no later than the date that a determination (approval or denial) is made on the case. This applies to both reevaluation/recertifications.

Customer Declination

If the customer declines to register to vote, then she/he will be asked to make the declination by checking "no" on the Agency-Based Declaration Statement. She/he should also sign and date the statement. If the customer refuses to complete the form, the DCO employee will print the customer's name on the statement, date, and make a note of "refused to sign" in the comment section. A copy of the Agency-Based Declaration Statement may be provided to the customer if requested. A daily count of the declinations must be provided to the Secretary of State's office when completing the Agency Daily Recap Reporting Form. The Agency Based Declaration Statement will be kept for 2 years in the County Office in a chronological file by month and year.

Change of Address or Name Change

If a customer reports a change of address or name change, a DCO-131, Voter Registration change of Status form and a Voter Registration Application will be sent to the customer advising that the change can be reported to the County Clerk's office for voter registration purposes or that she/he can register to vote. A declaration statement will not be completed in this instance.

Submitting Applications

Completed Voter Registration Applications must be submitted by the customer. The customer must ensure that this timeframe is met. The customer may mail his/her application; the address is on the back of the application. An envelope is not needed. An Agency Daily Recap Reporting Form will be completed and sent with the voter registration application. This form advises the Secretary of State's Office of the number of declination and number of completed voter registration applications being submitted. A single report including all programs will be submitted. The County Office will retain a copy of the Daily Recap Reporting form for 24 months in a chronological file by month and year.

The County office must maintain a record of the number of Voter Registration applications mailed to the Secretary of State's Office each day. No later than the 10th calendar day of each month, the county will report to the DCO Field Operations, via the DHS-132, Voter Registration Application Monthly Report, the number of voter registration applications and declinations submitted to the Secretary of State's office in the prior month.

TRANSITIONAL EMPLOYMENT ASSISTANCE – GLOSSARY

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

~A~

Activity-Related Expenses

Expenses relative to the customer's participation in work activities, which are paid for by the Transitional Employment Assistance (TEA) Program and which are necessary in order for the TEA recipient to participate in the work activity.

Adequate Notice

A written notice that includes a statement of what action the agency intends to take or has taken, the reasons for the intended agency action, the specific policy supporting such action, an explanation of the person's right to request a hearing, and the circumstances under which assistance is continued if a hearing is requested.

Administrative Hearing

A process by which the customer can appeal any adverse decision made on their case.

Assessment

An initial appraisal and gathering of information, such as, needed support services, education level, work history, skills, interests, volunteer activities and hobbies.

Assignment (Child Support)

When an individual accepts TEA cash assistance for or on behalf of a child or children, the individual has assigned all rights to child support from any other person to the Department of Human Services (DHS).

~C~

Caretaker Relative

A person who exercises primary responsibility for the care and control of the child or children.

Casehead

The adult caretaker relative, or a minor parent who is the head of household. In a two parent family, the choice of casehead is determined by the parents.

Case Management

The process of coordinating and brokering the multiple services needed to achieve progress toward self-sufficiency.

APPENDIX: FOOD STAMP GLOSSARY

Certificate - Extended Support Services

Certificate

A check or other disbursement that is issued by DHS to the parent who may use such certificate to pay child care services from a variety of providers. Sometimes referred to as a child care voucher.

~D~

Deferral

A temporary postponement of program activities.

Deobligation

Discontinuing supportive services that have been authorized.

Diversion Assistance

A one-time-only payment to, or on behalf of, the family which will resolve a financial problem so the adult can maintain or obtain employment.

~E~

Earned Income

Salaries, wages, tips, commissions, and any other payment resulting from labor or personal services.

Eligibility Requirement

Conditions that must be met in order for a family or individual to receive assistance.

Employment Plan

A plan developed by the agency and client which will help the client obtain and/or maintain employment.

Exemption

A condition which allows the postponement of program activities.

Extended Support Services

Child care and Medicaid services that are provided after a cash assistance case closes due to employment.

APPENDIX: FOOD STAMP GLOSSARY

~G~

Gross Income Trigger - Job Ready

~G~

Gross Income Trigger

When the gross income of a family reaches one thousand twenty-six dollars (\$1026) monthly, and the TEA payment is reduced by fifty percent (50%).

~H~

Head of Household

The casehead.

Head of Household (Minor Parent)

A minor parent who is legally married regardless of whether they are currently living with the spouse, or a minor parent who is living on their own without adult supervision and it has been determined (TEA 2122.1) that this is an appropriate living arrangement for the minor parent and child.

Head of Household (Teen Parent)

A head of household who is under twenty (20) years of age.

Household Composition

All persons living in the home with family members included in the TEA Unit.

~I~

Imposition of Sanction

The case was closed, or, if a closure exception was allowed, the payment was reduced due to non-compliance in certain program requirements.

Income Eligibility Standard

The dollar amount that a family's net countable income must be equal to or less than in order to meet the income eligibility requirement.

~J~

Job Ready

A person who has no physical, mental, or job skill barriers that prevent employment.

APPENDIX: FOOD STAMP GLOSSARY

~L~

Life Condition - Procedure Statement

~L~

Life Condition

Problems or barriers that would prevent a customer from meeting participation requirements.

~M~

Mentoring

A nurturing process in which a more skilled or a more experienced person serves as a role model, teaches, sponsors, encourages and counsels a less skilled or less experienced person.

~N~

Non-Compliance: Child Support

Failure or refusal to cooperate with the Office of Child Support Enforcement in Child Support activities without good cause.

Non-Compliance: Work Activities

Failure to participate in work activities, refusal to accept employment, or termination of employment without good cause.

~P~

Personal Responsibility Agreement

An agreement specifying the responsibilities of the parent(s) or other adult caretaker while receiving Transitional Employment Assistance.

Policy Statement

Policy statement is a written statement that declares an organization's intentions, objectives, or goals. Policy statements are identified by the shadow box border around it. Policy statements must be adhered to by all Division staff.

Procedure Statement

Information outside of the policy statement. A procedure may either be a mandatory or a flexible procedure. Mandatory procedures use verbs such as "must" and "will". A flexible procedure allows the county office staff to use their own judgment or discretion in applying a procedure.

APPENDIX: FOOD STAMP GLOSSARY

Protective Payee - Supportive Services Payment

Protective Payee

A relative, friend, neighbor, or member of a community service group, who is appointed to receive the payment on behalf of a family for whom a determination of mismanagement by the adult has been made.

~R~

Relocation Assistance

A one-time-only cash assistance to help a family move from an area of limited job opportunities to a new locality within Arkansas for full-time employment. The person must have a bona fide offer of full-time employment in the new location.

Resource

Any real or personal property available to an individual to meet their needs.

Resource Limit

The dollar amount which a family's total countable resources must be equal to or less than in order for the family to meet the eligibility requirement.

~S~

Sanction

A penalty imposed for not cooperating with program requirements.

Subsidized Employment

Full or part-time employment in a private for-profit enterprise or a private not-for-profit enterprise which is directly supplemented by federal or state funds.

Subsidized Public Sector Employment

Full or part-time employment by an agency of the federal, state, or local government which is directly supplemented by federal or state funds.

Supportive Services Payment

Transportation and other non-child care expenses paid by the agency to eligible providers and customers in order to engage in a work activity.

APPENDIX: FOOD STAMP GLOSSARY

Supportive Services Reimbursement - Work Activity

Supportive Services Reimbursement

Payment made to a customer for transportation and other non- childcare expenses that the customer has paid for in order to engage in a work activity.

~T~

TEA Customer

A person who has been approved to receive on-going cash assistance.

Time Limit

The maximum number of months, twelve (12), that a family with an adult recipient can receive Transitional Employment Assistance benefits.

Timely Notice

A written notice which is mailed at least ten (10) days before the effective date of action.

Transitional Employment Assistance

A program to help economically (TEA) needy families with children under eighteen (18) years of age become more responsible for their own support and less dependent on public assistance.

~U~

Unearned Income

Money that was not earned (for example, but not limited to: pensions, annuities, insurance benefits, military allotments, teacher's retirement, Workman's Compensation, Miner's pension, and Black Lung Benefits).

Unsubsidized Employment

Full or part-time employment that is not directly supplemented by federal or state funds.

~W~

Warrant

TEA Check.

Work Activity

Allowable activities under TEA.